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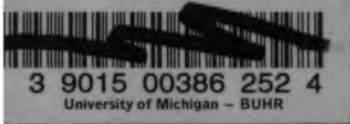
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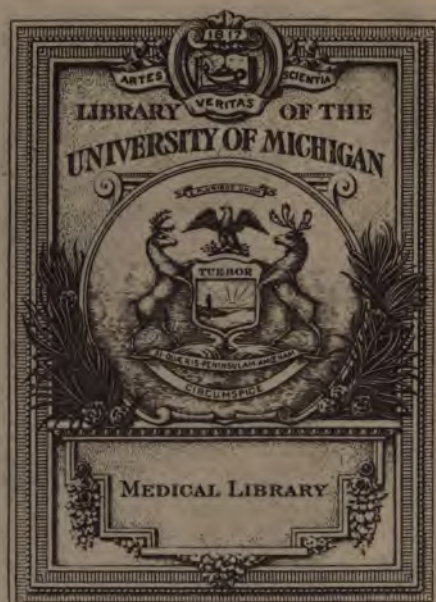
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THE CINCINNATI
MEDICAL AND SURGICAL
NEWS.

EDITED BY

A. H. BAKER, M. D.

*Prof. of the Principles and Practice of Surgery, and Clinical Surgery in the Cincinnati College
of Medicine and Surgery; and President of the Faculty.*



CINCINNATI,
PRINTED BY P. C. BROWNE.

1860.

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CINCINNATI

MEDICAL AND SURGICAL NEWS.

NEW SERIES.

VOL. II. CINCINNATI, JANUARY, 1861. No. 1.

MISCELLANEOUS CONTRIBUTIONS AND SELECTIONS.

For the Medical and Surgical News.

Diphtheria.

PROF. A. H. BAKER—SIR: I see by the papers and medical journals that Diphtheria is still prevailing in different localities with a great degree of fatality. This is indeed a fearful disease, and one, too, of which there is the least unanimity of opinion and treatment among medical men, of any other prevailing disease. This would not be the case, in my opinion, if we were to take into consideration the character of the prevailing "epidemic constitution" as Prof. Kirtland calls it.—We all know, or ought to know, that we cannot now pursue the same heroic treatment that was in use a few years ago,—the lancet, calomel and jalap, ten and ten, and other remedies applicable in treating diseases of a sthenic grade of action.

I find, at least in this locality, that for the last five years we could not make use of active depletory measures,—with a good proportion of success in treatment or cures.

Ever since the great epidemic of typhoid fever in 1855 we have had an *asthenic* condition of the "epidemic constitution," and patients, as a general thing, require a supporting, tonic treatment.

Now in diphtheria there is in the outset the fulness of pulse, flushed face, red throat and a deposit of white false membrane upon the tonsils, uvula, and frequently in the palatine arches, which leads to the idea that the blood is *surcharged with fibrin*; hence the administration of calomel and the use of other depletory means to act upon this fibrin in the blood, to destroy this coagulable lymph which is thrown out in the throat, but to our astonishment, in the place of diminishing, the diphtheritic coat continues to increase, and in a few days takes on a putrid condition, the pulse sinks, the patient much prostrated, and in fact the case assumes an *adynamic* condition.

This teaches, then, that we are wrong in our ideas of pathogeny, that the blood is *not* surcharged with fibrin, and that the *opposite* is the case, is manifest from the disposition there is in the last stage of the disease to hemorrhage from the nose and gums, showing great depravity of the blood, and nervous debility from the commencement.

The first case of diphtheria I saw in this locality was in May last. I was called in council with one of my neighboring physicians to a little daughter of Mrs. D——, who had previously lost two children with diphtheria—found patient suffering from dyspnoea;—quick but very weak pulse, face flushed, breath fetid, much swelling of the submaxillary and parotid glands, buccal surface tonsils and fauces, as far as I could see by depressing the tongue, coated with a yellowish white or gray membrane. I thought the patient in “*articulo mortis*,” it died the same night.

The Dr. said he followed the treatment recommended by Wood, viz: calomel, ipecac, &c., washed the mouth and throat three times a day with solution Nit. Arg. 20 grs. to the 3 of water, had used pulv. aluminii, Sul. Zinci; Muriate Tinct. Ferri, &c.—duration of case 8 days.

Not long after I was requested to visit another patient in council with same physician; found the same train of symptoms, as in case just related, with the addition of continual epistaxis, and occasional vomiting of a dark fluid resembling ink. The physician informed me he had used calomel and Doveri; Nit. Argenti washes, Pul. Alum, Iodine and Mur. Tinc. Ferri topically. Died day following; duration of case 8 days.

From these and other cases I was called to see, noting the great fatality attending the treatment, I determined to pursue an opposite course, should I meet with the disease in my own practice.

In July 1860 I saw three cases in the family of Mr. Wolf, in each there was slight fever, enlargement of the tonsils, and upon each tonsil was discovered the distinguishing feature of the disease, the “white patch.” I prescribed quinine and ordered the throat *gargled* with the very common domestic remedy of

℞ Acetum F 3 ij
Mur. Soda
Pulv. Piper Nig. aa 3 j; M.

On visiting my patients next day I found the fever had subsided but the white coat had remained in the throat; this I removed by a swab saturated with the wash of pepper, salt and vinegar, after which I carried down as much finely pulverized Borate of Soda as would adhere to the point of the index finger, previously moistened, and deposited it with slight force, upon the surface from which the diphtheritic coat had been removed; ordered this repeated three times a day; continued quinine and applied tar plaster to the neck. This treatment was con-

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Medicine
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Diphtheria.

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tinued three days and patients discharged. These were mild cases; but on the 7th of August I was called in same family to see Silas W., aged 14 years, sick three days as he said with "fever and sore throat"—pulse 120 and full, eyes red, high fever, tongue coated white in the middle with papilla protruding, edges very red, left tonsil much swollen and covered with a dirty white membrane, breath very offensive, bowels costive.

With a swab saturated in the above wash of pepper, salt and vinegar, I removed the apthous deposit and applied the borate of soda as in the cases described; directed this repeated every four hours; ordered castor oil 3vi. to be followed by quinine 2 gr. every two hours.

Aug. 8. Not much fever, much prostrated, pulse 100 and weak, some swelling of submaxillary and parotid glands, tongue same as yesterday, oil operated freely, had taken six doses or 12 grs. of quinine. The false membrane had not been reproduced to any great extent but the throat was very tender and sore; ordered the quinine and topical course, with the addition of tar plaster to the neck, continued.

This treatment was pursued with but little variation for six days and patient discharged.

Aug. 31st. Called to see Frank Williams, aged 8 years. Sick two days, high fever, pulse 120, white coat upon the base of the tongue, edges red, breath very offensive, both tonsils and uvula very much swollen and covered with the false membrane. Sanies discharge from the nose, excoriating the lips and cheeks, parotid glands much enlarged deglutition very difficult, diarrhoea. This little patient has the scrofulus diathesis.

Prescription: Castor oil 3 ii, laudanum 8 gtt. The laudanum to be repeated every two hours until it checked the discharges. Quinine 1 gr., Iodide Potass. 2 grs. in mucilage of ulmus, every two hours, swab the throat and apply the borate soda as in above cases every four hours. I could not remove the white coat the first operation. Applied tar plaster to the neck.

Sept. 1. Not any better, throat rather worse, ulcer formed on left tonsil,—this I touched with stick Nit. Arg. fastened to a quill. Continued other treatment.

Sept. 2nd. No better, retouched ulcer with caustic, increased quinine to 1½ gr. per dose. Continued other treatment up to

Sept. 4. No fever, not so much foetor, or discharge from nose, the nurse had succeeded in removing nearly all the false membrane from the throat with swab, patient much prostrated, complained so much of the pepper in the wash that it was left out. Gave quinine 1 gr., iodide pot. gr. ii every three hours, wash and borax applied every six hours. This treatment was continued with slight variation to meet indications for eight days longer and patient discharged.

There were four other cases of the disease in the same family that yielded to the same treatment—the use of Nit. Argent excepted—in about one week.

These cases reported are sufficient to show the treatment I have used with slight variations to suit each one of 66 well defined cases of diphtheria, since the 15th of July, 1860,—the fever, pellicular deposit in the throat, enlargement of the glands of the neck, peculiar odor, &c. being present,—besides at least one-half as many more cases not so well defined, but which I have no doubt would have taken on the peculiar symptoms had they not been “*nipped in the bud*” by a few doses of quinine and the above wash and powder to the throat. Of this number two infants have died; in both the disease had extended to the trachea before I saw them. I will here state, however, that I used the caustic in but *five* cases and then not oftener than once a day and always in the solid form. Some practitioners prefer the solution of this agent. In the cases I saw in council with others, who had used the solution of caustic freely, I found the buccal membrane, fauces, and sometimes the lips so extensively whitened that I attributed the appearance in part to the use of the wash.

It is not possible to touch the ulcerated parts of the throat with the swab or probang saturated with this solution, without coming in contact with the surrounding healthy tissue, producing an inflammation which serves as a basis for the extension of the “white coat.”

The frequency with which the solution of Nit. Arg.—of the strength of 20 grs. to the 3—is used by some physicians, is of itself sufficient to produce serious difficulty.

I will not here enter into a discussion of the therapeutical effect of the wash, borax and tar plaster that I have used as topical remedies in this disease; but suffice it to say, the ease and painlessness of their application, and the general sweep of the treatment has satisfied me they are as good as any other topical means.

But to the quinine and iodide of potash, and a generous diet always recommended, must be attributed whatever of success I have had in treating this disease, these remedies have been administered during the fever with the effect to *reduce* instead of increase it.

Almost every case we met had the coated tongue. Constipation or relaxation, and other indications, which at once suggested the use of an alterative in connexion with other remedies; but believing calomel inadmissible, and a very good substitute in iodide of potash, I determined to try it, particularly where there was any indication of a scrofulous diathesis in my patient.

Harrison (Therap. page 332 vol. 1) says, “in one respect the ultimate curative action of iodine is analogous to mercury; it promotes the removal by absorption of *factitious* growths, and organic lesions. Mer-

cury is an anti-febrile alterant; iodine is an anti-cachetic alterant; mercury cures inflammation; iodine augments vascular excitement; mercury *emaciates* and *debilitates*; iodine promotes *embonpoint* and *strenghtens*."

Another consideration induced the administration of Iodide potassium as an alterative; the disease under consideration is evidently one which implicates the glandular system, for in *all* cases the first thing noticed is enlargement of the gland of the throat and neck; all authorities agree to the beneficial effect of iodine in diseases of these structures.

My aged and worthy friend and preceptor, Dr. Otwell of Greenville, Ohio, says "he has not lost a patient with diphtheria, since he quit using calomel, and Nit. Arg. washes." He thinks "49 of 50 cases can be cured if commenced in time, by the free use of quinine, and salt and water, or vinegar gargles or washes." He uses as an application to the throat, a strip of fat bacon, covered with table salt; but to be successful we must meet the monster at the onset, for it is my opinion no treatment will be uniformly successful after the false membrane extends to the trachea.

Yours Respectfully,
ITHECA, OHIO, Dec. 7th 1860

W. H. Matchett, M. D.

[For the Medical and Surgical news]

***Veratrum Viride* an Antispasmodic.**

MUNSON, O., Nov. 15th, 1860.

DEAR SIR:—With your permission I would like to communicate to the profession through your excellent and widely known Journal, my experience with "*Veratrum Viride*" as an antispasmodic, which, if I mistake not, is a property not laid down in the most of our works upon "*Materia Medica*."

I have used it in two cases with the most flattering results, as the following report will show:—On the morning of July 30, 1860, I was called to see Mrs. E——, aged 40, of feeble constitution, having been confined to her bed for sixteen years, caused by a fall which injured her spine. I found her much prostrated, with no pulse at the wrist, and unconscious. I ordered brandy, and warm applications to the extremities; under this treatment she rallied, and became considerable better. I examined her chest and by auscultation found the abnormal sound indicating *valvular derangement of the heart*. Upon enquiry her husband informed me that she had for some time complained of pain in the region of the heart. She gradually improved under the treatment for two or three days, but on the morning of August 3d she was taken

with vomiting, which continued throughout the day and night, in spite of all I could do, though I tried all the remedies at my command. The next day vomiting continued, though less frequent. August 5th, I observed symptoms of "*Tonic convulsions*" occurring at regular intervals, accompanied with slight retching, but no vomiting. I gave antispasmodics but to no avail. The convulsions would last ten or fifteen minutes. Thus the case went on for a week, the disease growing worse and the patient sinking; convulsions lasting from half an hour and occurring every four or five hours. I had tried nearly everything at my command, when I concluded to try *veratrum viride* on account of the difficulty with the heart. I ordered three drops every three hours, and as soon as the remedy had time to act, she had no more convulsions. I continued the treatment four or five days and then dropped it, when in the course of two days she was attacked with convulsions again:—commenced the treatment as before with the same result, and continued the medicine for ten days in very small doses, when I withdrew the treatment and the convulsions did not return. She continued to improve from that time, and now, at the writing of this article, she is enjoying as good health as she has for the last fourteen years.

The other case was that of a little child, ten months old. It had been on a journey with its mother, having rode about thirty miles in an open carriage during a very warm day, which was the 24th of September. I was called about 4 o'clock, P. M., one hour after the arrival of the child at its home. Upon inquiry the mother informed me that the child appeared well as usual until ten or fifteen minutes after reaching home and that it suddenly went into convulsions and had not come out of the first fit when I arrived. I examined the patient and found the pulse very much excited and very tense, head very hot. I administered two drops of "Norwood's *Veratrum Viride*," my faith was so strong in the article that I did not administer anything else, and in less than half an hour the symptoms appeared to be somewhat mitigated, the pulse became softer and less frequent, and by the time the system was fully under the influence the spasms had ceased and the patient sank into a sweet sleep. I gave orders to give one drop of the tincture every five hours and the following prescription to be repeated every four hours. R. Dovers powder gr. ss.; Hydrag. Cum. Creta gr. j., to be mixed together. I called the next day and found the patient quite smart, pulse natural and skin cool, discontinued the *veratrum* and gave a cathartic of castor oil which operated very freely, and now the child is as fat and healthy as ever.

I can not account for this effect of *veratrum* unless it acts upon the motor system of nerves, quieting spasms and at the same time reducing the force and frequency of the hearts action

I would be glad to hear the results of the trial of this medicine in more experienced hands.

I remain, yours &c.

O. POMEROY, M. D.

N. B.—I have tried the veratrum in another case with the same result as in the above since this account was written. I have not time to give the history of it. My faith is very strong in the remedy and I think that it can be made very useful in this class of diseases. O. P.

For the Medical and Surgical News.

Antilactescent Properties of Belladonna.

BY N. H. CANADAY, M. D., OF KNIGHTSTOWN, IND.

THE action of belladonna in arresting the secretion of milk in the human female breast, is one of the greatest discoveries in therapeutics.

There has been much written in the journals of late, concerning the virtues of belladonna in preventing and arresting the secretions of milk; and having with others, labored under the inconvenience of possessing no reliable agent to fulfil such indications, and seeing several accounts in the journals of its virtue as an antilactescent, I resolved to try it. I commenced with a weak solution of the extract in water, applied to the areola, according to one of the published formula, with but very little or no benefit.

About one year ago I attended a lady, the mother of four children, in an abortion, at the end of the seventh month; she very much dreaded the apprehended trouble from her breasts; said she had suffered from abscess in one of them in her two last lactations. I determined to give the belladonna a fair trial in this case. I, therefore, took of the solid extract (prepared at Union Village Ohio), reduced it with warm water to the consistence of cream, and directed her to bathe the breasts with it, four or five times a day, which treatment was continued for five or six days; after which it was used less frequently for a few days; the result was as I desired, there was not the slightest secretion of milk, nor any inconvenience from the use of the remedy.

Case 2d. Mrs. M——, mother of three children; has suffered from stomatitis materna during each of her previous lactations, and has been annoyed with it during this last gestation;—was confined about the 20th of November—attended by my friend ——, during my absence. I saw her three days afterward; she insisted on having “her milk dried up,” to use her own expression, as she had suffered a great deal each time before, and had been compelled to wean her babe before she could get her mouth cured. Her breasts were at this time distended, hard, and becoming painful. I directed her to have them emptied, and gave

her the belladonna, prepared as in the other case, with directions to rub it on the whole of each gland, four or five times a day, and left her with a request that if the secretion was not arrested, or any further trouble was experienced, to inform me.

I heard nothing more from her for about two weeks, when on making inquiry of her husband, he said she had no more trouble after applying the remedy, her milk was dried up immediately. I have used the belladonna in several other cases with like results.

For the Medical and Surgical News.

Academy of Medicine.

REPORTED BY JOHN KEITH MOORE, A STUDENT.

Proceedings of Monday evening, Nov. 19, 1860.

The Academy of Medicine met at 7½ o'clock; President Dr. White in the chair. Minutes of last meeting read and approved. It was expected that Dr. Murphy would read a paper, but he was not present. Dr. William Judkins read a paragraph from the American Medical Times, on the subject of Criminal Abortion, in which was contained a series of resolutions, adopted by the Scott County (Iowa) Medical Society. After which, he offered the following:

Resolved: That this Society now endorse those resolutions, and require all their members to exercise their influence in abolishing this heinous and wicked practice, wherever known."

Prof. Baker objected to the resolutions adopted by the Scott County Society, said they might answer for that county and state, but were not such as should emanate from this body, and recommended that a committee be appointed to investigate the subject, and if found advisable to take action, to draft resolutions in accordance with the exigencies of the case. Does not believe that a scientific physician would engage in criminal abortions, nor that they are procured by the regular profession anywhere;—this great crime, this "crying sin," belongs to another class of men—some of them, perhaps, may be found in petticoats. More than this, the State of Ohio furnishes a law against it, which if observed, would put a stop to the evil. Let us then instruct the committee to *determine* at what term of utero-gestation the embryo shall be considered a living being; and if we can detect a man in the business, after that period, it will be a duty to bring him before a court of justice.

Question by Dr. Judkins:—"At what time does vitality exist?"

Dr. Baker.—I want the Committee to decide that. I do not think we should adopt these resolutions without inquiring into the subject. When the embryo is considered a living being, and an abortion is procured, the criminal should suffer.

Dr. Judkins.—The gentleman is not informed of the magnitude of mischief carried on in this city. I know a man, who told me that he made more money at this business, than at any other. People will not apply to a physician until they know his sentiments. Again; Prof. Baker thinks that life does not exist in the embryo. I think that when the ovum attaches itself to the uterus, life does exist.

Dr. Carroll.—This gentleman offered a few remarks on the subject, declaring that there was a time when such a thing as abortion was unknown; and that it was unknown until the time came when students were required to study only three months, in order to become a physician. This crime began when quackery began—it belongs principally to the Eclectics. The resolutions state that where religion exists, there abortions are not found to occur. Why, I knew a married couple who professed deep piety; who, by the aid of a quack doctor, had procured an abortion. The mother came near dying; at which critical moment I was sent for. The fœtus was delivered, and the mother's life saved. I told the husband I should like to have the fœtus, that I might make an examination of it. *He offered to sell it to me!* This is a kind of piety I should not like to see in my family. As physicians, we should be too pure for such a crime, and should prosecute quackery to our utmost ability.

After considerable discussion, amounting to nothing more than what we have already given, Prof. Baker offered an amendment to the resolution of Dr. Judkins, to the effect, that "a committee of three be appointed to inquire into the subject of abortions." But the amendment was lost. The resolution was then voted upon and carried.

Dr. Williams reported two very interesting cases of injury to the eye, were listened to with marked attention. Their great length would not here admit an insertion. Society adjourned at 9 o'clock.

For the Medical and Surgical News.

Abortion Continued.

REPORTED BY JOHN KEITH MOORE, A STUDENT.

Subject reconsidered by the Academy of Medicine, Nov. 26th.

The Academy was called to order, when the minutes of last meeting were read and adopted. Dr. Mc Illvaine then arose, and stated that he had not been present at the last meeting of the society, and was sorry to learn that the resolutions adopted by the Scott County (Iowa) Medical Society, had been brought into this Academy and adopted. He discountenanced the idea of passing resolutions which had been adopted by other societies, at least until they had passed through the hands of a committee; he thought such resolutions should always be well considered before *this Academy* take final action upon them. He as

when girls give birth to children illegally, they should be taken care of; and for this reason he was strongly in favor of establishing an "Institution for Foundlings." Such an institution has been started in other large cities, and met with success. He thought this would be one of the means of preventing abortion, and hoped the members of the Academy would give their views on the subject. The doctor said: "A gentleman told me that there was no such a thing as abortion in this city." What audacity! And yet we are ignorant of the extent to which it is carried on. Of course girls won't tell that their children are *nullius filius*; they always say the father (!) has *gone down the river*! So he has. We have seen such men sued for bastardy, and afterwards taken to the embrace of their own sex, who thus revealed their religion!

Dr. Bonner moved that the resolutions offered by Dr. Judkins, at the last meeting, be reconsidered. He thought the idea of Dr. Mc Illvaine a good one, and hoped such an institution would be established.

The motion for re-consideration was received and adopted. On motion it was resolved that the subject of criminal abortion be referred to a special committee.

Drs. S. Bonner, W. P. Thornton, and S. O. Almy, were appointed as the committee.

The subject of Diphtheria was next discussed, and occupied the remainder of the evening.

Foreign Body in the Vagina, Covered with Calculous Deposits, and Producing a Vesico-Vaginal Fistula; Removed.

(UNDER THE CARE OF MR. PARTRIDGE.)

The notes of the following case were furnished by Mr. W. H. Wickham, house-surgeon to the hospital. The details speak for themselves:

J. O——, aged twenty four, a servant, unmarried, was admitted September 10th, with a foreign body in the vagina. From the history of the case it appears that some months ago an offensive smell was observed about her person, and a discharge of blood and matter was found on her linen. On being questioned about this, she denied that anything was the matter with her. At last, however, she became so personally offensive, that an examination was insisted upon, which was made by the family medical attendant, who detected the edge of some metallic foreign body amidst a quantity of calcareous matter. She was then sent to the hospital.

Sept. 10.—Chloroform being administered, the patient was placed in the lithotomy position, and an examination made by Mr. Partridge. The vagina was found to be full of calcareous matter, filling the interior and encrusting the exterior of a tin mould, the rounded extremity of which was directed towards the uterus, and the sharp base towards the orifice of the vagina. The whole lay within the sphincter, and was removed with difficulty, in consequence of its size and the quantity of

calcareous matter attached to it. Its extraction was effected, however, by first diminishing its size, by removing as much as possible of the outer encrustation, and bending in one side of the mould; then, by means of a strong pair of bone forceps, and retraction to dilate the vagina, the substance was removed. A quantity of calcareous matter was afterwards scooped and washed out from the vagina; and, on further examination, an orifice, between two and three inches in extent, was found on the left side of the upper wall of the passage. This orifice was observed to communicate directly with the bladder, from which, by means of a lithotomy scoop and forceps, several small calculi, about the size of hazel-nuts, were removed. Subsequently the bladder was washed out, as well as the vagina, which treatment has been continued daily. The urine, which escapes from the bladder involuntarily, is passed through this aperture, which remains to be closed. In other respects the patient is doing very well.

The mould, which the patient now confesses has been there about a year, is two inches and a half in diameter, and rather more than three inches deep.

London Lancet, December, 1860.

Post-Partum Hæmorrhage. ¶

SIR.—I have read with, perhaps, more than ordinary interest, the various communications which have recently appeared in the columns of your journal, on the subject of the suppression of uterine hæmorrhage after delivery, by the injection of iced water into the cavity of the uterus, the application of ice, etc., inasmuch as I was the first to call the attention of the profession to the efficacy of injecting cold water in such cases, in a paper published by me in the year 1836, in the fourth volume of "Transactions of the Provincial Medical and Surgical Association." Having enjoyed for more than thirty years one of the largest midwifery practices in the Midland Counties, (from which, however, I have now in a great measure retired), I have had abundant evidence since that period, both in my own practice and in that of my medical brethren, of confirming all that was advanced in that paper.

Ice is not to be had on all occasions, and especially when just wanted, nor is it to be procured even in large towns in the middle of the night; and in country practice it is quite out of the question, unless the accoucheur, knowing what he has to expect, takes care to be previously provided. In such cases, other remedial means, *used in anticipation*, are, perhaps, to be preferred.

The plan of Mr. J. Higginbottom, (to whom the profession is much indebted for very valuable practical information on other subjects), of giving an ipecacuanha emetic in these cases, is entitled to every consideration. I have not unfrequently observed, and I have no doubt other obstetric practitioners are cognizant of the fact, that when flooding after delivery has prevailed to such an extent as to alarm the attendant, and awaken the apprehension of the medical man himself, a sudden fit of vomiting has stayed all further loss of blood, the contents of the stomach and those of the uterus having been almost synchronously poured out; the womb has at once contracted, and no further hæmorrhage has ensued. *But after all Sir, most of your readers will, I feel sure, subscribe to the truth of the good old adage, "Prevention is bet-*

ter than a cure." This remark would apply to those cases in which flooding has been known to occur in previous confinements. I allude to the timely exhibition of a dose of ergot. I have for years used it with great advantage in such cases, giving from thirty to forty grains of the powder in a little water, from five to ten minutes before the birth of the child. Although I am willing to admit that the remedy has not invariably succeeded, I think with the American obstetrician, Dr. Meigs, "no woman who is known to have a tendency to flood dangerously after the birth of the child, should be left without its conservative influences," and my own experience has led me to the same conviction, "that the *late* administration of ergot for hæmorrhagic patients is salutary and needful." In confirmation of this opinion, I would just observe that it once fell to my lot to attend three sisters in their confinement, in each of whom flooding to an alarming extent came on after delivery. In all subsequent confinements, recourse was had to the timely administration of *secale cornutum*; all tendency to hæmorrhage was obviated, and the cases did well. Some years after, one of the same ladies left Birmingham, and went to reside in the neighborhood of London. She became pregnant, fell into the hands of a timid and inexperienced practitioner, and fell a victim to post-partum hæmorrhage. It is a curious fact, that the mother of the above ladies well nigh met her death from flooding, after having been delivered by an eminent midwifery physician. This same hæmorrhagic tendency running through the females of a family has in several instances come under my observation.

Another remedy I have for some years employed in cases where I had been led to anticipate formidable hæmorrhage after delivery, is an invention by Mr. Walter Mappin, surgical instrument maker of Birmingham, and called by him, "The Improved Midwifery Compress;" it is, more properly speaking, a midwifery tourniquet. On the occasions in which I have employed the instrument, it has acted admirably. In two instances its utility was most marked, though used under very opposite circumstances. The one, a large fat woman, of a leuco-phlegmatic temperament, with, I believe, a flabby heart; the other, a little spare woman, of a highly nervous diathesis. In both cases a frightful hæmorrhage on previous occasions had succeeded the birth of the child; notwithstanding the use of a timely dose of ergot, placing their lives in the greatest peril. In the former case nothing suppressed the flow of blood but the injection of cold water; the other yielded before that remedy was resorted to. In their subsequent labors, the tourniquet was loosely applied as soon as the pains commenced, and brought fairly into operation as soon as the child was born, and in both instances, as well as on similar occasions since, no more than the ordinary amount of blood was lost.

Some years back I was called to assist a friend in a case of post-partum hæmorrhage. The patient was a poor, feeble, little woman, and a large quantity of blood was expelled as soon as the child was born, after a long and hard labor. The hand was immediately placed on the mother's abdomen, but the uterus was found loose and flabby; the placenta was carefully and readily removed. Effort after effort was made to get the uterus to contract, by firmly grasping it externally, and by introducing the hand internally, and irritating the walls of the *organ*. Ergot was given, cold water poured from a height on the naked

abdomen, and afterwards injected into the cavity; but all failing, including spontaneous vomiting, to produce contraction, the patient sank soon after I entered the room. In this case the poor woman had swallowed nearly a quart of French brandy, at intervals, the pulse responding feebly to each repeated wineglassful, but the rally was only for a moment. I remain Sir, your obedient servant,

THOMAS CHAVASSE, F. R. C. S. (Hon.)

Wylde Green House, near Birmingham, 1860.

SIR.—Your excellent journal has lately contained letters on the treatment of "Post-Partum Hæmorrhage," but none on its prevention. May I be permitted to offer the following experience, not as being anything fresh or original, but because it may have escaped the thoughts of many in the profession:—

Some ten years since I attended a woman in her third confinement. She had very severe, almost fatal, post partum hæmorrhage, but rallied and did well; and she had the same thing, but not so severe, at each of her previous labors. At her subsequent confinements I applied pressure,—the hand of her friend—as the child was being expelled, and sustained the same by tying something very tightly around her, before the placental expulsion, and she had no hæmorrhage.

From that time till this I have done the same thing in every case, and have not since then had a case of post-partum hæmorrhage. I think the same is recommended by Dr. J. Burns, of Glasgow.

I am, SIR, your obedient servant,

R. W. LAMMIMAN, M. R. C. S.

St. George's street East, 1860.

SIR,—No complication attending on a case of midwifery can be more embarrassing to a junior practitioner than hæmorrhage after delivery; and the publication of papers or letters on the subject is an incalculable boon to those practising midwifery at the commencement of their professional career. To combat a case of this kind requires knowledge and presence of mind; the former, added to experience, (if he has had practical advantages), being the foundation through which the young practitioner has the latter at command, and by it he can quickly devise the best means of checking the loss of blood. That many of the more common established rules are of no avail in particular cases must have come under the notice of most of us; and any suggestions suitable to these occurrences are valuable to every beginner.

Hæmorrhage is produced through the want of uterine contraction, and may follow a very precipitate labor, and result from the organ being exhausted through the strong and rapid contractions on the fœtus and placenta; or a slow and exhausting confinement may be terminated by the expulsion of the normal contents of the uterus, and no further contractile power be left to close the uterine sinuses, relaxation taking place and consequently hæmorrhage. We are not able to explain the reason why, at the expiration of a certain period, an action should be set up in the uterus causing it to contract on what at that time must be considered a foreign body; but we all, by experience, know that the uterus will contract, and that, if strength of constitution still remains, contraction will continue until all foreign substances are removed from it.

Two facts should be in the remembrance of every junior practitioner during a case of post-partum hæmorrhage—viz., the cause and the result; the causes being exhaustion of the uterine fibres for continued contraction from loss of nervous force, or a want of sufficient stimulation to call their enfeebled power into action; and the result being a patulous condition of the uterine sinuses allowing of either internal or external hæmorrhage (we discard hæmorrhage following rupture of the cervix.) The object of the medical attendant is to excite quick and complete contraction of the uterine parietes so as to close the open vessels, or to mechanically prevent further loss of blood until new vigor is established; and to stimulate the uterus many practices have been called into request, such as the use of ergot, putting a child to the breast, cold water injections, and the introduction of the hand, conjointly with external manipulation, etc. But even these have failed to rouse the organ, so exhausted from its long-continued struggles of precipitate action, and mechanical agencies are requisite to stay the loss of blood; and in this case the simple application of Dr. Slyman seems to answer every purpose. This consists of two large bladders connected together by a flexible tube; one bladder is filled with ice cold water, and the other introduced into the uterus; pressure is made on the full one, and the water being forced into the other, renders it a most efficient plug for the uterus, and at the same time stimulates it, not only by its presence as a foreign body, but also through the contact of the cold water contained in the bladder. The uterus being filled artificially, little or no bleeding can occur; and when contraction takes place, the water is forced into the external bladder as gradually as the action of the organ is excited. This simple contrivance having fulfilled its office, the abdominal bandage, over a pad, is tightened to prevent relaxation; and then stimulants may be cautiously administered internally to raise the debilitated system, whether resulting from loss of blood, or caused by a long and exhausting labor.

I am Sir, yours respectfully,

London Lancet.

WM. D. SLYMAN, M. R. C. S.

Tendencies Of Therapeutics.

The tendencies of medicine, at the present time, form an interesting study, particularly as they relate to therapeutics. It is, hence, with great pleasure that we lay before our readers the discussion on the subject, which took place recently at the Philadelphia County Medical Society.

The almost universal abandonment of the lancet, the substitution of milder plans of treatment for those heroic modes, yet in vogue a generation ago, are matters of history. Quinine and iron are now given, where tartar emetic was formerly resorted to; patients are kept upon a nutrititious diet where once they were bled, and, while formerly the patient was denied water for fear of increasing the fever, he is now put upon brandy in larger or smaller doses. The general tendency of therapeutics is, to use a favorite and expressive clinical phrase, "building up," sustaining and stimulating. That such is, the tendency of our day, about this there can be no dispute.

There are those who look upon these changes as the result of

accident and *fashion*; they regard the representative men of successive schools in therapeutics as medical Beau Brummels. As in the matter of habiliments, certain fashions prevail for a time, pass away, and are followed by others, recurring, however, sooner or later, in the same or a slightly-modified form; so there are those in the profession who consider the present tendency of building up and stimulating in therapeutics as a resurrection of Brunonianism, with a modern cut. With this view it is, of course, confidently predicted that the new mode will, sooner or later, go "out of fashion."

However *easy* a view this may be, it is at once both superficial and obviously false;

There is no part of the intellectual development of mankind which is not regulated by laws and logic as permanent and immutable as those of the physical world, and, when we observe strong and irresistible currents in the science of medicine, all running in one direction, it is as philosophical to call them merely accidental and fashionable, as it would be to call the rise and progress of empires accidents, and the strifes and battles of nations for freedom and independence the result of fashion. There is a logic in the history of nations, and to study the causes which lead to the changes constantly going on, and thus to grasp in one general idea the tendency of the science, must be the aim of the philosophical observer.

There have been essentially two modes of interpreting the change in the therapeutical tendency during the last two decennia. One party says that the type of diseases has changed from the sthenic to the asthenic; another party claims that science, or rather that physicians have changed by arriving at a better understanding of disease, its nature and therapeutical indications. Then we have views compromising between these two. It is claimed that there are cyclical changes in the type of diseases, governed by laws, meteorologic and terrestrial, as yet not understood, and that we are at present at the low tide, asthenic, of one of these cycles.

There has been, in all the discussions on the subject, a great oversight of some very important facts, a proper consideration of which will enable us, perhaps, to understand more fully the causes of the revolution in therapeutics. We allude to the *social* changes which have taken place simultaneously with the former.

Have there been any causes, operative during the last thirty years, which would lead, not to a change of type in disease, but to a change in the physical constitution of man, in consequence of habits, modes of life, occupation, which would render him more apt to succumb to attacks of disease, and whence the necessity of a more sustaining and stimulating treatment, than before these causes were in operation? Are there any influence now at work, not in operation to the same extent thirty years ago, which tend to enfeeble the constitution of men? Most assuredly.

Is it to be supposed that a few hundred thousand miles of railroad track that have been laid within thirty years, covering the map of the civilized world, like the web of a spider, with tens of thousands of steam-horses, carrying millions upon millions of men at a tremendous speed, and a hundred thousand steamers and steamboats ploughing every sea, lake, and river; is it to be supposed that all this could have taken place without *changing the habits*, and with them the physical—aye, eve

moral—constitution of mankind? And yet, instead of inquiring into the changes wrought by *these* mighty influences that have been at work incessantly, we hear men talk about the obscure meteorological and terrestrial influences, “changing the type of disease,” and of the change in medical “theory and fashion.”

Is it probable that the introduction of steam into the mechanical arts, with a hundred thousand pyramidal chimneys towering up, smoking and puffing, the monuments of a new form of civilization, and with its six and ten-story factories, dusty, ill-ventilated, with sixteen hours labor—stationary labor, out of the reach of fresh air—is it probable that these influences, directly acting upon the habits, social, industrial, physical, moral, of man, have been at work, without leaving a trace in his physical constitution as regards the liability to disease and the power to withstand it?

Is it to be supposed that the prevailing and increasing tendency of men to live together in large communities (witness the last census reports) has done nothing to change, not the type of diseases, nor the therapeutical *fashions*, but the physical constitution of man as regards its capacity for and power to combat disease?

The fast life which our present generation lives in consequence of the great social and commercial revolutions which have taken place, has rendered men more liable to become attacked by diseases of debility. Space does not permit us to-day to enter upon the subject more in detail; we shall, however, refer to it again.—*Reporter.*

On Ice-Water in the treatment of Croup.

BY J. A. MCFARLAND, M. D., TIFFIN.

It will scarcely be necessary to offer any apology, unless on account of tardiness, for inviting the attention of the profession to the use of *Ice-water*, in the treatment of croup.

Fifteen years ago I prepared an article for one of the medical journals on this subject; but seeing, about that time, in one of the newspapers, something very much like “my thunder,” I concluded to remain silent. Believing, however, that very few regular practitioners have made any trials of this remedy, I propose, very briefly, to return to the subject, with the hope of, at least, eliciting some profitable discussion.

It was in January, 1843, more than seventeen years since, that I first employed cold applications, in the management of croup. During the treatment of a most violent attack, after the ordinary means had been tried without any apparent benefit, and when fairly puzzled what next to do for the relief of the little sufferer, it occurred to my mind, on placing my hand over the child's throat, that the leading indication was to subdue the burning heat, the result of local inflammatory action; and that nothing could be better for that purpose than ice-water applied directly over the inflamed parts. This was immediately done; and in ten or fifteen minutes a most wonderful improvement was evident. Never have I witnessed, in my whole professional experience, a more rapid and delightful change, than in this my first trial of ice-water in croup.

It was but natural that so gratifying a result would lead to further trials. Up to this time, in my own practice, they must have been re-

peated at least two hundred times. To this may be added, that no time was lost in communicating the history of my first cases to my professional brethren of this city, all of whom, I believe, are in the habit of resorting, very confidently, to the use of cold water in all croupal affections. For my own part, I can truly say, if I were confined to single article in the treatment of tracheitis, I would prefer cold water to all others. By its judicious employment, commencing before the formation of false membrane, there will be little or no danger of a fatal termination. Even when diphtheritic formations have commenced, there is no surer way of arresting their progress.

It is neither necessary nor proper, however, to confine ourselves exclusively to a single remedy. Whilst, in severe cases, our reliance is mainly on ice-water, recourse is had, as occasion requires, to ipecac, and alum, as emetics; enemata, castor oil, or calomel to evacuate the bowels; the warm bath, anodynes, and solution of nitras argenti.

I must here enter my solemn protest against the frequent repetition of antimonial emetics. They have doubtless been the cause of many a death among young children. Even a single emetic of tartarized antimony, or its long continued use as a nauseant, in delicate infants, with an irritable condition of the alimentary canal, can never be regarded as safe or judicious; and it may be laid down as a good rule to eschew and discourage all such practice. Ipecac, and alum, either singly or combined, will be found equally efficacious, and infinitely safer.

In applying the remedy under consideration, we use folds of muslin or linen, large enough to cover the whole throat and upper part of the sternum. The wet cloth, wrung just enough to prevent dripping, ought to be well covered with several thicknesses of dry flannel, and then both should be secured with a small handkerchief.

When we wish to have the applications very cold, it is best to have two wet cloths, using them alternately, as fast as they become warm. This course should be continued till the disease is thoroughly subdued. When treatment is commenced early, a few hours may suffice; in neglected cases, several days are sometimes required.

In some cases, water fresh from the well or cistern will be sufficiently cold; but as a general rule, the preference should be given to ice-water.—*Columbus Review.*

Dyspnœa—Death—Disease of the Heart and Kidneys.

UNDER THE CARE OF DR. MINOT.

Hiram F., 52 years, married, a mechanic, resident of Boston, but native of N. Hampshire, entered Oct. 13, 1860. Patient states his family is healthy, and is not subject to thoracic affections. For two years past he has noticed that he had had some difficulty in mounting an ascent, or walking against the wind, and has been subject to attacks of pain, extending across the chest and down the left arm to the elbow. He was well as usual till about two months ago, when he supposes that he caught cold, and his respiration began to be labored, and inspiration was performed with a wheezing sound. The dyspnœa gradually increased, but he continued at work till two weeks since. He was up and about till within two days, but since then the dyspnœa has been !

severe on any exertion as to confine him entirely. He is often obliged to rise in the night and go to the window; relief generally follows expectoration. Last night he had a paroxysm of unusual severity, seeming to threaten life. His appetite is still good. *R.* Naphthæ, ʒi ; syr. scill. et mucilag. acaciæ, aa ʒ ij .— ʒi . p. r. n. Let him inhale the fumes of stramonium and nitre paper.

Oct. 14. Patient is dressed, but has an attack of dyspnœa, on the least exertion; occasional cough, with expectoration of small masses of thick yellowish mucus. There was no relief from the naphtha, but he slept after a dose of morphia given in the night; well marked arcus senilis; chest well formed and developed; respiration slow and labored; percussion rather dull just below the right clavicle; inspiration short, expiration much prolonged, loud sonorous and sibilant rates, chiefly with expiration, heard over the whole chest, with the exception of the left base behind, where is considerable inspiratory crepitus; impulse and sounds of heart are feeble, and the latter are not heard in the back; a faint but distinct systolic murmur is heard below the left pectoral muscle; pulse 112, almost imperceptible; urine scanty, acid, sp. gr. 1027, no albumen or casts of the tubuli. Let him have a hot mustard foot bath; if no relief, a hot infusion of strong coffee without milk or sugar; if no relief, *R.* Antimon. tart., gr. 1-8, secundis horis till easy. Oct. 15th—A very severe paroxysm occurred in the night, lasting upwards of two hours. Assafoetida, morphia, hot gin and ether by inhalation, were exhibited without relief. *R.* Sp. ether nitrous, ʒii ; tinct. scill., gtt. x. every hour till four doses taken; hot foot bath; sinapism to the chest before and behind—to be cupped over the loins to four ounces. 16th—Relief followed the cupping, which was repeated in the evening on account of a return of the dyspnœa; expectorated in the night about one ounce of serum, with a few round yellow masses in it; pulse almost imperceptible. Omit medicine. *R.* Ammonæ valerian, ʒi ; syr. sinzib. ʒi . m. ʒi . every two hours. 17th—Patient suffered extreme distress through yesterday, and in the evening venesection was performed, with immediate relief. He took one drachm of the fluid extract of hyoscyamus in divided doses, slept well even while lying down, and says now that he is very comfortable. Expiration is much prolonged and wheezing; tongue moist, with thick coat; surface and extremities cool; lips livid; feet and ankles œdematous; no pulse at the wrist. He failed rapidly during that day, and died at 3 A. M., October 18th.

AUTOPSY.—Three pints of serum were found in the right pleural cavity, and two pints in the left; both lungs œdematous; general hypertrophy of the heart, especially of its left side, organ weighing fifteen and a half ounces; aortic valves faced and stiffened by a large quantity of cretaceous matter; the aortic orifice admitted the little finger to the second joint; mitral valve slightly thickened, but not enough to interfere with its function, and the orifice was free; the cortical substance of the kidneys was lighter colored than usual, and decidedly angular. —*Boston Med. and Sur. Jour.*

CHARITY HOSPITAL.—At a meeting of the Medical Board of Charity Hospital, held December 4th, Robert Boling, M. D., was elected to the *Chair of Diseases of Skin* in said institution.—*Reporter*

Treatment of Asthma.

BY E. B. FORSEE, M. D.

The purpose of this communication is to direct attention to the efficacy and value of Tartar Emetic in the treatment of Asthma; a drug, that I conceive deserves more attention than has hitherto been given it. Let me briefly relate a few cases that have come under my observation, in which this treatment was successfully employed, and then offer a few observations on the method of using it, and the rationale of its operation.

Case 1st:—Mrs. A., aged thirty-two, who has had Asthma since her childhood, at which time the disease made its appearance with the symptoms of an ordinary cold; after a few days this disappeared suddenly, and it was supposed to be Bronchitis, but in a short time the symptoms seemed to be more of a spasmodic than of an inflammatory character. From that time the attacks became more frequent and distressing. This continued up to the time I was called to see her; found her breathing difficult, was told the remedies she had generally used did not relieve her. She had been in the habit of smoking tobacco until it had become a habit, and it had lost its efficacy. I ordered the $\frac{1}{4}$ of a grain of Tartar Emetic with $\frac{1}{3}$ gr. of Sulphas Morphia, and repeated the dose in 20 minutes until three powders had been taken. She then became a little nauseated, and the medicine was withheld as she felt the difficulty of breathing was much relieved. I visited her the next day and found her up, advised her to take 10 drops of vini antimoni, every two hours; it succeeded in relieving her completely, and the attacks have not been so frequent or distressing, and is relieved in a short time after taking a few drops of antimonial wine, which she takes care to provide herself with wherever she goes.

Case 2d:—Mrs. C., a widow lady, aged forty-five, has had asthma since her girlhood; has been bled for it, and treated with lobelia, spice and tobacco, with success, but incomplete.

I was called to see her after she had suffered for several hours; found her breathing difficult and her voice inaudible; ordered 10 grs. calomel with $\frac{1}{4}$ gr. Tartar Emetic, and $\frac{1}{8}$ gr. sulphate morphia, repeated every hour until two or three powders had been taken, or until nausea was experienced. Visited her the next day, found her very much relieved; ordered her to take vini antimoni, 15 drops every two or three hours during the day, and to be continued through the night, if she felt any difficulty in breathing. The result was a complete recovery; has had an attack but once since, when a few drops of vini antimoni, repeated until nausea was produced, when the symptoms disappeared and has not been a sufferer from her old disease since, and it is now nearly two years.

Case 3d:—Mrs. B., a married lady aged twenty, has been a victim to asthma since her childhood, and has been treated with every remedy that has been used in this disease, without success. I was called to see her after she had just recovered from an attack of spasmodic asthma. She wished me to prescribe for her as the attacks were frequent, as she wished to have a remedy ready when she felt the disease was coming on. I prescribed Tartar Emetic 1-12 gr. with $\frac{1}{8}$ gr. sulphate morphia, repeated every half hour until nausea was felt; the first dose produced emesis: I then ordered 3 I. vini antimoni, with 3 I. of paragon

- drops to be taken every half hour until nausea was felt. This proved to be successful after taking the first or second dose.—*St. Joseph Medical and Surgical Journal.*
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Version Without Inserting the Hand in the Uterus.

SIR,—I think the following case so fully confirms the value of the method of turning described by Dr. B. Hicks, that I beg its insertion in your journal.

Early on the morning of July 24th, I was summoned by a midwife in this neighborhood, to go over to Woking to see a young woman under her care, and who was in a dangerous state from flooding. I found the patient, a delicate person, aged twenty eight, in labor with her fourth child, in a most critical condition; face and lips pallid; extremities cold; pulse 140, small, and tremulous. She had had only three slight pains, but had lost a large quantity of blood. I found the vagina filled with coagula; the os uteri dilated to the size of a crown piece, and entirely blocked up by the placenta. On passing two fingers between the wall of the uterus and the placenta, I felt a cephalic presentation, the membranes being unruptured. Knowing that no time must be lost, I determined on trying the plan of version suggested by Dr. B. Hicks. With my two fingers I made steady pressure on the head, while, with my left hand placed on the fundus uteri, I bore down the nates by gentle impulsive pressure. The head at once receded, and in two or three minutes I felt a foot presenting. Rupturing the membranes, I seized it, and directly afterwards the other; and, with a little firm traction brought the breech down into the cervix. I now waited, and gave brandy and gruel. My patient said she had scarcely felt what I had done to her, and appeared more comfortable. In ten minutes there was a slight pain, when I delivered her of the child (still-born); the uterus contracted freely, and in five minutes I removed the placenta, no hæmorrhage following. The patient remained in a rather alarming condition for some hours, but, by the use of stimulants, etc., gradually rallied, and has since entirely recovered.

I believe that the patient was saved much distress and pain, and that the shock to the system was greatly diminished, by not being obliged to pass my hand entirely into the uterus; and further, had I done so, I must have separated a larger portion of the attached placenta, whereby there would have been more hæmorrhage, which she could not have borne. To me it has been a most satisfactory case, and I think it bears strong testimony to the virtue of the method.

I am, Sir, your obedient servant,

Ripley, Surrey, Nov. 1860.

H. SHIRLEY.

—*Lancet.*

THE CITY HOSPITAL.—It is said that the Board of Health, of this city, have resolved to close the hospital for contagious disease. We have not heard the reasons assigned for this movement, but in the reported increase of small-pox in the city it seems inopportune.—*Reporter.*

Chlorodyne—Its dangerous properties and its incompatibles.

BY F. DONALDSON, M. D.

In the September number of this Journal, we find an article taken from the London Chemist and Druggist, giving us an analysis of this remedy, now extensively used both in England and in America. It purports to have been discovered by a Dr. J. Collis Browne, (M. R. C. S. L., Ex-Army Medical Staff,) in 1848, during the prevalence of Cholera and diarrhoea in India. It was introduced by its discoverer to the Faculty in London, as a combination of per-chloric acid with a new alkaloid. What the alkaloid was, of course, he did not reveal, either to the profession or to the public, but in large capitals its unparalleled virtues, as imparted to the mixture, have been extensively advertised in the newspapers. That a surgeon, having such honorable titles, should have invented and sold a secret remedy is certainly not very creditable to him.—Had we not have noticed his placard, paraded month after month for years, in that most respectable medical journal, the London *Medical Times and Gazette*, without any contradiction as to his decorations, we certainly should have doubted whether they were legitimately his. But we leave the propriety of his conduct to his Fellows in the London College.

We cannot forbear expressing surprise that with us so many of practitioners of prominence should have frequently prescribed a remedy, of the ingredients of which they were perfectly ignorant. One would have supposed that the fact of its having ascribed to it (by its vender) such wonderful medicinal properties, would have been sufficient to give them a distrust of it. For it has been vaunted as "Anodyne, Diaphoretic, Sedative, Astringent, Anti-spasmodic and Diuretic." Its virtues are described as unblushingly as our Dr. Dulaney (herb doctor) puffs his specifics, but without his amusing, incongruous humor.

We are gravely told that it can be used as a "preventive and curative" of disease in general, including almost every possible ailment, functional and organic, from coughs to uterine affections, not omitting Agues, Heart and Head affections, Hysteria, Delirium Tremens, Cancer, Consumption, Epilepsy, Neuralgia, &c. Indeed, it is so nicely compounded and with such astonishing powers of adaptation, that all the popular diseases of the day come within its range and control. That the public should have been deceived and gulled by such pretensions, we are not surprised, for they appear to take to quackeries with as much avidity, as sulphuric acid does to water. They must reap the consequences, and we would have ignored the fact that medical men too had been tricked into employing it, were it not that Dr. Ogden had disclosed how exceedingly dangerous a compound it is.

In every vial, containing eight drachms, he found

Chloroform,.....	f 3vj.
Tr. Capsicum,.....	f 3ss;
Oil Peppermint,.....	gtts iii.
Muriate of Morphia,.....	grains. viii
Perchloric Acid,.....	gtts xx.
Hydrocyanic Acid, (Steele's).....	gtts. xii.
Tr. Indian Hemp,.....	f 3j.
Treacle,.....	f 3j.

At a glance it will be seen how, incautiously used, some one of the

four energetic poisons it contains, might produce serious results. We have heard of a case in which a physician, of course not knowing what it contained, had ordered a teaspoonful every half hour until pain subsided; thus giving nearly one grain of sulphate of morphia every thirty minutes, to say nothing of the other ingredients! May we not hope, now the wonderful new alkaloid proves to be Morphia, that Chlorodyne will fall into disuse? We acknowledge our fears that some will say that, knowing its composition, they can use it in proper doses with safety. If medical practitioners will continue such compounds, in consonance with the poly-pharmacy of the past, how can we ever arrive at a correct knowledge of the effects and value of remedies?

We ask them to examine more closely the formula, and they will recognise in it substances, which are therapeutically incompatible, just as much so, as if there were acids and bases, for their action is antagonistic. The amount of morphia, it is true, is so large that, ordinarily, it would predominate over every other medicinal influence; yet it is well known that Morphia and Indian Hemp are powerful cerebral stimulants, whereas Chloroform and Prussic acid are energetic cerebral sedatives. They are all more or less anodyne and narcotic, but in entirely opposite ways. The first two by gradual overstimulation, and the last two (being more readily absorbed) by excessive, immediate sedation. Opium arrests respiration and produces death by the non-conversion of venous blood into arterial (asphyxia), whereas, Bernard has shown that Prussic acid, like the Oxide of Carbon, proves fatal by preventing the arterial blood from becoming venous in the capillaries.

We may be thankful the distinguished surgeon did not include in his compound Strychnia, and then add the Corrowal poison to neutralize its deadly physiological action. In regard to its therapeutic application, Dr. Brown speaks of its great efficacy in "Head affections," including acute meningitis and active congestion, but morphia is generally considered contra-indicated under such circumstances; whereas, in Delirium Tremens, where there is already great prostration of the nervous centres, death could be easily produced by Hydrocyanic Acid. We need not speak of the great danger and evil effects of Opium and its alkaloids in certain of the "Heart diseases."

The diaphoretic properties of Chlorodyne and its anti-spasmodic virtues may be ascribed to the morphia, and the perchloric acid may be considered as astringent, but we are at a loss to conceive from what ingredient it gets its diuretic reputation, not certainly from the sulphate of Morphia, which is known to decrease both the quantity of urine and the amount of its solids and extractive matter.

We forbear saying more of this nostrum, now we have drawn attention to the fact that, as it was not safe to use when it was a secret remedy, so it is not proper now that we find it contains powerful narcotics, not combined on scientific principles to produce definite effects, but of such a nature, as to be antagonistic in their action and therefore incompatible.—*Jour. and Trans. of the Maryland Col. of Phar.*

Medical News

CHLOROFORM AND ERGOT have been combined for inhalation in cases of labor in which there is inertia or hemorrhage. The London *Medical Times* says that the subject is to be presented at the next meeting of the London Obstetrical Society.—*Reporter.*

Fees for Post Mortem Examinations.—Opinions of a Judge.

The Board of Freeholders in Newark, N. J., are still adhering to their stubborn resolution of denying to physicians a proper fee for services rendered to coroners in making post mortem examinations. The matter will, however, soon be brought to an issue.

The subject, we learn, was brought before the court of the Prosecutor of the Pleas in behalf of one of the coroners.

It was stated that a person found dead the night before was lying in the station house, and that the coroner had requested two physicians to make a post mortem examination, who had declined because of some action of the freeholders respecting fees. The court was desired to declare the law governing the subject, the question having lately frequently been raised in like cases.

His Honor Judge Haines said:—This matter is perfectly plain from the provision of the statute. There can be no doubt that the coroner may and in some cases is bound to summon a physician (or physicians as may be required) to make a post mortem examination. There may be much or little labor in such an examination. That will depend on the subject and circumstances. We presume that the regulation published by the Board of Chosen Freeholders is intended only as a warning to the coroner not to incur unnecessary expense in these matters. There are cases in which great labor and skill will be required to make an examination. One physician or more, if necessary, may in such cases be called in, and he or they will, by law, be entitled to receive from the county proper compensation for their skill and labor expended in the matter. The freeholders in such cases will, undoubtedly, without hesitation, pay the bills.—*Med. and Sur. Journal.*

Medical Reports from the Massachusetts General Hospital.

PREPARED BY ROBERT WARE, M. D.

TYPHOID FEVER. (Under the care of DR. MINOT.)—T. Q., 19 years, single, a carpenter, of Irish birth, but resident of Boston, entered Aug. 26th, 1860. Patient answers questions readily, and appears rational. He states that his sickness began about three weeks since, with headache, pain in the back and limbs, vertigo, nausea, epistaxis, diarrhœa, to the amount of thirteen ejections in one day within the past fortnight, and disturbed sleep. His health is usually good. He has had some delirium, but appears quiet now; skin hot and dry; tongue with yellowish coat in the centre, and with red edges; pulse 94; abdomen tympanitic, gurgling at iliac fossæ. R. Mist. febril., 3i. every three hours. August 27th.—Patient had a very delirious night, getting out of bed and trying to get out of the window; answers a little incoherently; some headache; epistaxis this morning; tongue moist, with thin, yellow coat; pulse 100, weak and reduplicated; tenderness at iliac ssæ; no subsultus tendinum; one ejection, going to water-closet himself. Wine whey, Oss.; beef-tea, ad libitum.

Aug. 28th (12th day of disease [?]).—The period of the disease can not be ascertained with precision, but its course and the occurrence of rose spots on this day would indicate that he entered at about the end of the second week.) He has been much more quiet, and slept well; says no ejection, but is known to have gone once to the water-closet;

pulse 92, soft; tongue moist, with thin coat; no sordes; answers questions readily, but appears rather more stupid; two or three rose spots on the abdomen; takes food well. 13th day—Mind pretty clear; reports several ejections in the night, but continued to go to the water-closet; pulse 96; a few more rose spots. 14th day—Quite a comfortable night, and is quiet this morning, though rather more uneasy talking; tongue nearly clean, moist; pulse 96; much viscid mucus in the mouth. Brandy, half an ounce every two hours. 15th day—Was very delirious yesterday afternoon and evening, getting out of bed, &c.; appears stupid, but answers well; went frequently to the water-closet, but result not known; pulse 108, soft and undulating. Took twelve ounces of brandy yesterday, and a pint of cracker and milk this morning. To have milk. 16th day—Had a "good supper" last night, and was quiet through the night; tongue tremulous; aspect better; some sordes. 17th day—Says much better; pulse 84; appetite very good; six dejections. Omit fever mixture. R Mist. Cretæ, 3ss.; tr. opii, gtt. vi. 18th day—no recurrence of diarrhoea; epistaxis last evening; a few more rose spots. To have broth.

From this date he rapidly improved. He sat up on the 20th day; was allowed potato on the 23d, and steak on the 24th day. He was discharged on the 30th day, Sept. 15th.—*Boston Med. and Sur. Jour.*

The Treatment of Acne.

SIR,—Would some of your numerous readers kindly enlighten me on the treatment of that common but obstinate skin disease, acne, as I have tried many remedies both local and constitutional, but with no marked success.

I remain Sir, yours truly,

September, 1860.

L. S. A.

SIR,—I venture to give my opinion to your correspondent "L. S. A.," who asks advice upon the subject of acne. I believe it is generally more troublesome and painful when the stomach contains too much acid; for I have found ten-grain doses of bicarbonate of potash three times a day in a tumbler of cold water give great relief to the sufferer, applying at the same time cream locally. I find it also desirable to attend to the liver and bowels, and for this purpose I give three grains of blue pill and seven grains of compound rhubarb pill at bed-time, once or twice a week.

For further information on the subject of acne, I would advise "L. S. A." to read Mr. Hardy's "Treatment of Acne," published in the *French Journal of Medicine* for August, 1860, Art. 5873, edited by H. Chaillou, M. D. I am, Sir, yours truly,

GEORGE SELWYN MORRIS, M. R. C. S.

Tottenham, 1860.

SIR,—In reply to "L. S. A.," who states that he has tried various remedies, both local and constitutional, in the treatment of acne punctata with no marked success, I would beg to suggest his trying the administration of the following prescription, which I remember my late clinical teacher, Dr. Gull, used with much benefit to his out-patients at

Guy's Hospital:—Sulphate of iron, one grain; sulphate of magnesia, one drachm; dilute sulphuric acid, fifteen minims; pimenta water, one ounce; three times a day. The local treatment consisting in squeezing out the secretion daily, and washing the skin well with Castile soap and warm water, and followed by friction with a dry towel. If there be any pustules, they may be lightly touched with nitric oxyde of mercury ointment every night. Hoping these few remarks may prove useful to your correspondent,

I remain Sir, yours truly,

JOHN CANDY, M. R. C. S.

Birmingham, 1860.

THE CASE OF SIR BENJAMIN BRODIE.—The medical profession, both in England and abroad, have recently evinced the liveliest interest in the distressing case of this distinguished gentleman, who at the age of 84, has undergone the operation of iridectomy for impaired vision in both eyes. About last December his sight began to fail, and on the 12th of July of this year, Mr. Bowman removed a portion of each iris for supposed glaucoma. There seems to have been an error in the diagnosis, Mr. Hodgson and Mr. White Cooper regarding the disease as senile cataract, and did not recommend the operation of iridectomy.

The left eye is very little improved, if at all, and in the right, vision completely lost; but as there is now a cataract very evident in the latter, sight may be restored by extraction of the lens, provided the eye is not glaucomatous. The high position of the unfortunate and much respected sufferer renders the case especially interesting in relation to the operation of iridectomy, one of equivocal value, which is now being so extensively tried.—*N. A. Med. Chir. Review.*

A Substitute for the Catheter.

SIR,—Some two years ago I had under my care a man who had received a fracture of the spine. Inability to micturate was one of the symptoms, and I expected that I should in this case, as I had witnessed in some others, have to use the catheter very frequently. It occurred to me, however, that by pressing over the region of the bladder, the urine might be discharged, and so it proved; for when any fluid collected in the bladder the patient was always relieved by gentle, equable pressure. He never required the use of the catheter, and, though he survived his accident about three months, no urine ever escaped except under pressure.

Your obedient servant,

J. WEARNE, M. R. C. S.

Helston, Cornwall, Nov. 1860.

Lancet.

POISONING FROM GREEN PAPER HANGINGS.—An English jury has rendered a verdict of death from "the inhalation of arsenical fumes which had escaped from the green paper of a certain sitting-room, and that the manufacturer of such paper had been guilty of very careless and culpable conduct."

Dr. Letheby reported that the paper on the room was covered with the arsenite of copper, the pigment amounting to about a third weight of the paper. He found arsenic in the stomach, liver and evacuation of the child.—*Reporter.*

Dry Summers and Health; Van Bibron's Antidote; Enlarged Spleen and Malarial Cachexia.

WARSAW, Alabama, October 1st, 1860.

In the transactions of the American Medical Association, of several years since it was laid down as a rule, that "dry summers are sickly ones." The present summer has proved an exception to this general rule for a scope of 50 miles around us. It has been unusually dry, and unusually healthy. I have noticed that since the dry season set in, that among women there has been an unusual tendency to abortion at the period of quickening, and manifest irregular action at any stage of pregnancy, sufficiently so to become very noticeable to a physician.

I put "Bibron's Antidote" to the test, some time back, in a case of rattlesnake bite, with complete success, the first dose giving almost complete relief to the distressing pains, and quieting the delirium.

The fall so far, has been very dry, and, as a consequence, what few cases of fever we have, are assuming the congestive form, choleraic variety.

I send you a prescription of Dr. Gadbury, of Miss., which, I do not think, has ever attained publicity, *exceedingly* useful in cases of enlarged spleen and malarial cachexia.

R	Liquor ferri. sulphatis,	f. 3 ss.
	Quinæ sulph.	3i.
	Aquæ cinnam.	f. 3 iij.
	Mix and add Potassæ citrat.	3 ij.

Sig. Take a tablespoonful three times daily.

Apply Iodine ointment over the splenic region, and a flannel bandage around the abdomen.

To make the liquor ferri sulphatis :

R	Ferri. sulph.	3ss.
	Acid nitrici,	f. 3 iij.
	Aquæ.	f. 3 iss.

Rub the iron and acid together for 15 minutes, then add the water.
[*Medical and Surgical Reporter.* EDWARD H. SHOLL.]

The American Medical Association.

What will be the effect of our present political disruptions upon this body, and how will the South be represented in Chicago? Will this Association again represent the profession of the States which formed it, or will the good of the profession be advanced by a division of this body?

We do not propose to consider the question as to what ought to have been done, or might have been done, or may eventually be done. But there is one self-evident truth apparent to us, which is, that many years will elapse before representatives from the whole profession will again assemble under the same roof even for the discussion of scientific questions. And during this time it is to be feared that the Association will become dismembered beyond redemption.

But aside from the political movements of the day, which nevertheless will have their influence upon all our relations, do not the interests of the profession require, and will not its dignity and influence be en-

hanced, by such an arrangement as will insure a fuller attendance of physicians generally.

We think so, at least, for there must arise questions of more especial importance to one region of country than another; and these will be more profitably discussed in the sections most interested.

Nor is this all: but there may be portions which for self-preservation, will find it necessary to guard themselves against an influx of graduated imbeciles from other parts, where, for a few dollars, or less, they have obtained a right which the present Association recognizes as equal to any other, for all schools from five dollars upwards, are upon the same level, according to its ideas of equality; and men who have not graduated at all, have a right to a seat, and voice, and vote, and influence, equal to that of the graduate. Now, it may occur that in exceptional cases, the rigid rule of admitting none but graduates to fellowship would exclude some worthy men, and admit many utterly unworthy; still such a rule would be infinitely better than the present, for a graduate has at least a presumption in his favor which a barber has not.

Perhaps, also, such a change would be useful in giving us officers who are representative men, not contracted or selfish, the choice of a clique or faction, or village, or town, or city— not men necessarily living in the place at which the meeting is held, but representative, positive, known and tried men.

We sincerely wish that no division may arise necessitating these arrangements, but that they, with others, may be made in the Association as it now exists; but this wish does not generate a hope in such a result.

The meeting at Chicago, we fear, will be but thinly attended. There will doubtless be an excitingly amusing time with the Solons of the Garden City, in reference to the next President. We suppose that even now there is log-rolling and wire-pulling, and feasting, in anticipation of who are to constitute the nominating committee, and who is to be its chairman: for that fact ascertained, who will be President, becomes a foregone conclusion. There are two schools there, and judging from the tone of their respective organs, we would suspect that each had a candidate in the field, for they are playing at cut and thrust in any other than a christian spirit. We would recommend them to be calm, and beat their swords into ploughshares. There is excitement enough already over Illinois Presidents.—*Louisville Monthly Medical News.*

Treatment of Menorrhagia.

SIR,—In answer to your correspondent, "Obstetricus," I beg to say that I have found a combination of solution of ergot, tincture of sesquichloride of iron, of each fifteen minims; water one ounce, every third hour, very useful; also ten or fifteen-grain doses of alum in solution every five or six hours; likewise four grains of the sulphate of bebeerine, three or four times a day in a pill. But hygiene, where there is no organic lesion, has much to do with the cure of these cases.

Yours obediently,

October, 1860.

—*Lancet.*

PHYSIO.

TRACHEOTOMY IN CROUP.—M. Henriette, of the St. Pierre Hospital, Brussels, in a note to Professor Thierry, states that having well nigh abandoned this operation, after repeated failures, his confidence in it of late has been restored by several instances of success, he having had four recoveries out of eight operations, performed since the end of last year. He believes the chief of its failure is the delay in resorting to the performance of the operation. As soon as medical means have failed, and the early symptoms of asphyxia are present, when, indeed, we can otherwise only look to chance for success, we should at once operate before the child's powers become too much exhausted.—*Presse Med. Belge*—*Boston Journal*.

A QUACK ADVERTISEMENT.—The New York *Tribune* states that it is to receive over \$31,000, for one year's insertion of a quack advertisement in its daily, semi-weekly, and weekly issues. It states that this will prove a profitable investment to the advertiser, in which case this enormous sum of money, will, of course, be drawn from the readers of that paper, and be paid back to the quack for his worthless preparation. The universal panacea now put forward is called the "*Cephalic Pills*." We hope the profession will, as far as possible, prevent this "Enterprising Business Man," as he is styled, from realizing the contemplated profits from his investment.—*New York Medical Times*.

EDITORIAL DEPARTMENT.

Non-paying Readers.

Surely there is something wrong; disease must have destroyed some of your senses, or we should not be compelled to suffer from neglect. In some cases we find the sense of justice gone!—A total disregard of every thing like honor and honesty is exhibited in others; and in some there is such an amount of negligence, that we are compelled to entertain queer notions in regard to them. Now, let us illustrate. If the sense of justice should be in a healthy condition, no one would allow a medical, or any other journal or paper, to be sent to his address for six or twelve months, and then refuse to take it out of the office, or to pay for it: justice would demand an immediate return of the journal, with such respectful remarks as would enable the editor to discontinue mailing to his address, and at the same time, retain a favorable opinion of his sense of justice. In the next place, honor and honesty, it seems to us, are wonderfully morbid in those individuals who would continue to receive, read and appropriate, the contents of any journal to their own use, without intending to pay for it at any time. Very often such persons will be found making quite an ado about the honor and dignity of the profession, and at the same time doing all they can to destroy the watchman upon the tower, whose indefatigable toil and

vigilance, are keeping them supplied with all the intelligence necessary to enable them to hold at bay the mortal enemy of mankind.—Who that can apply this to himself, will claim to be *honorable* and *honest*?

Negligence is another fearful enemy to the well-being and prosperity of journals; in this case the party is "all right," intends to do every thing necessary to promote the happiness of those around him; but "*to-morrow will do*," is his consoling argument; and so it would; but when the shades of darkness have passed away, and the light of a new day has *stolen* in upon us, still that awful thief of time *to-morrow*, is before him, and robs him of a consciousness of the gross injustice done himself and others. Often when too late to retrieve his character—too late to do justice—too late to aid in a good work—he wakes up to a sense of his *negligence*. That no one will be enabled to charge us with magnifying the evils that journalists are compelled to contend against, we give the following from the Louisville Monthly Medical News.

"Our readers will please take notice that our next issue will close the last volume of our journal, unless they come to the rescue by paying their dues. We have labored for two years, kicking against the pricks the while, and bleeding pretty freely for our temerity.

In this time we have learned some serious and expensive lessons, which will be useful to us hereafter. We have learned that promises should be drawn out in note form, with a penalty attached. We have learned that it would be easier, then, to recover the penalty, than to force the performance of the promise. If all who have been readers of our journal would pay one-half of the subscription price, we would not be compelled to lose one cent.

Now, however, we must say plainly to delinquents, that their accounts will be placed in the hands of others for collection, unless they are paid immediately.

This will be an exceedingly unpleasant course to take, but duty demands that we shall take it. Let no one be offended, and imagine that he has been singled out as an example, for all will be treated alike, and the costs of collection must fall on the parties themselves."

Will the profession withhold from such a journal its support? Must it die for want of means to sustain life? Surely this is too bad!

Now we may be in the same condition by the expiration of another year, unless our friends come to the work as they should; we mean those who are able to do so, and hope no further delay may be heard of.

Several of our medical brethren have stated their determination to sustain the *News*; but we are not willing to take from one, to give to another, unless from peculiar circumstances a brother is really unable to spare the small sum charged for the *News*, without injury to self or family; in that case, let the fact be stated, and the news will be sent till he is able to pay—and if never able, it will be a free-will offering to science.—Provided, always, he don't drink whiskey, chew tobacco, or smoke *five-cent cigars*.

A New Degree.

Several of our cotemporaries come to us pregnant with this new idea, and are looking forward to the *happy day* when the *American Medical Association* will usher into existence, the offspring of, perhaps—the “Green eyed Monster!”

It is claimed to be necessary to distinguish the scientific physician from the quack. We ask, can this be done by adding a string of initials to the end of a signature—for instance, M. A. M. A.? How long would it take the *quacks* to form an association, and call it by the same name—and *then* and *there*, by consent of all quackdom, attach to the name the very same initials? To enable an association of men to confer the degree of M. D., requires an act of the Legislature; to enable them to confer the privilege of using the *four significant* letters, it would only be necessary for one or two, from two or three different states, to assemble together, and pass resolutions to that effect.

But what would the *honor* be worth to a scientific physician when he had received it? Surely very little, unless it was conferred by a corporate body, the members of which were all M. D's, which is not the case in the A. M. A.; nor will it *ever* be, unless that association make the degree a prerequisite to membership; this we know will be objected to, on the ground that it will exclude many worthy members of the profession. On the other hand, it may be urged that there is no necessity for this, as a *worthy* and *honorable* member of the profession can very readily obtain a degree, and it must be admitted that no *respectable* physician should be without it. It is very true that men obtain a degree, occasionally, who are not entitled to it, and thus bring it into disrepute; this, however, is not the fault of the degree itself, but of those who confer it; and here, methinks, is legitimate ground for action. If the National Association will go to work and *gradually* increase its requirements, it may be able to accomplish much; but, if its demands are unreasonable, then it fails to accomplish its object,—its laws are a nullity.

We knew a gentleman who is entitled to use any or all of the following initials: M. D.; M. A. M. A.; M. O. S. M. S.; M. C. M. S.; M. A. M.; M. M. S. S. C. C. M. S.; C. M. L. S. A. W.; M. B. T. C. C. M. S.; P. S. C. C. M. S.; P. F.; &c. &c. Now what does all this amount to; positively nothing compared with the simple M. D; and so it will be with any change or addition that can be made by the Association. We would suggest, that members of the profession determined to distinguish themselves by their superior knowledge of the arts and sciences,—they do so as physicians, and their devotion to the profession. Let men by these qualifications distinguish themselves, and they require no other title than that time-honored and truly significant one that is represented by M. D.

The almost fanatical tirade of abuse that emanates from diseased minds occasionally, against the profession and colleges, is well calculated to produce an unfriendly feeling—engender strife, and thus retard the progress of improvement and scientific culture, by placing a low estimate upon the facilities afforded for such investigations as may be necessary. Let a fraternal feeling pervade the entire *brotherhood*—let *advancement*, gradual but sure, be the motto—and ere long the star of scientific medicine, by its brilliancy, will destroy the influence of the *dark spots* that hang around it, and the M. D. will be revered for its own signification.

A Stir About Female Physicians.

We take the following from the *Atlanta Medical and Surgical Journal*; its able editor has little faith in the *Female Doctor* being sustained, if one can judge rightly; and there can be no question of their unfitness for such a position. We would not curtail the legitimate rights of our fair companions through life; but at the same time, their *interests* and *social relations* should be taken into consideration, and their *special fitness* for the profession, weighed in all its bearings. This we cannot do at present, but reserve it for a more convenient season; and simply suggest that if *Ladies* must become practitioners of Medicine, that they be sent to the Mormons, so that they may be "*sealed*;" as we think it rather out of place for *babies* to be crying at home while the mother is out attending to a case of—— colic, or its results. It would be exceedingly interesting to see *Madam* riding about town or country—whip in hand—instruments in pocket—ready to cut and slash, and "dear Jonny" at home, baby in arms, singing "lulaby baby,"—and superintending the culinary department of the household—how interesting! How dare the Pennsylvania and Philadelphia societies act as they have done? They should be *spanked*, and the *ladies* know how to *do it*.

"The Pennsylvania State Medical Society, and Philadelphia County Society have passed resolutions refusing their members consultation with Female Physicians. The Montgomery County Medical Society of the same State objects to the course taken relative to Medical Sisters, by those Societies. Dr. B. Dowler, of the New Orleans Medical and Surgical Journal, in an article of some length, advocates the female side of the question dividing the profession in Pennsylvania. He says: "As there is no sex in science, so there is no ethical code by which competent female physicians must be excluded from the pale of the profession solely on account of their gender." We think this matter comes more properly before society in general. If public opinion tolerates the practice of medicine in a female, and decides that *all* the duties of a physician will comport with the proper grace, modesty & gentle bearing of females, it is all that is necessary to give them a

in the profession. As a member of social society we say that when females seek the position of physicians, they leave the sphere of greatness nature designed them to move in, and in which society desires them to remain. As a medical man we look to the capability, honesty and uprightness of those who ask admission into the profession. We say let women doctors *alone* and they will soon learn the error of their way, if an error it be, and return to their *domestic* and literary greatness."

CUTTING:—The editor of the *Louisville Monthly Medical News*, seems determined to "do things up brown", and speak without fear or favor;—such men are an honor to the profession, and useful in every department of life; but very often their honesty is turned against them by a croaking set of "old grannies," or those *pseudo* religionists who hang on to the skirts of the sanctuary, to aid them in carrying out their duplicity. Hear him.

"An Eastern critic has had the effrontery and duplicity to question the dignity of an article in our last number, and intimate that he objected to reflections upon religion, &c. Now, we would say to him, that our article was written against canting quackery, just such as he has himself been guilty of, in misrepresenting us with hypocritical words and mock solemnity.

We would see our right hand paralyzed—we would hold a jubilee over the last ebbing of our heart's blood, rather than write one word against religion or religious men. But we will write against Pharisees and hypocrites, and canting quacks, whether they be in pulpits, or professional robes, or ordinary practice, or editorial chairs. They are a disgrace to the medical profession, and a reproach to the church, and their name is legion.'

Ohio State Medical Society.

The printed proceedings of the O. S. M. S., has come to hand: the volume is one of the best in its mechanical execution, we have seen. The same objection exists to this, that has been urged against others before us; the meagerness of the proceedings proper. And we do most positively demur against this want of attention on the part of secretaries, to the doings of the society. It may be urged that time will not permit more—or that they are unable to report a synopsis of speeches; this may be the fact, but still it is no excuse, as a *Reporter* could be employed, who would prepare for the minutes all that was important. We hope that, hereafter, this will be attended to.

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MISCELLANEOUS CONTRIBUTIONS AND SELECTIONS.

For the Medical and Surgical News.

Synoptical History of the Intellectual Powers of Man—What he has Accomplished by them, and his Superiority over the Animal Kingdom.

An Introductory Lecture to a Course of Lectures on Physiology, Delivered by
R. R. McIlvaine, M. D.*

REPORTED BY J. A. THACKER, M. D.

This Introductory Lecture of Dr. McIlvaine, was delivered in the hall of the Dental College on the 9th of January. The hall on that occasion was crowded, not only with medical students, but with members of the profession, and with a contribution of scientific men from all the other professions. The lecturer used no notes—the numerous data and quotations being from memory. The Dr. introduced his lecture by a quotation from Compté, that no conception can be known otherwise than through its history, and then proceeded to state that this source, we reproduce the past, and learn therefrom the different epochs in which certain sciences had their origin.

Thus it would appear at an early period in the history of our race, natural history began to be cultivated, though imperfectly. We must date its foundation with Adam; and, though the sacred historian does not inform us by whom Adam was instructed in his zoological knowledge, yet it is apparent that in this branch his knowledge was not inconsiderable; for we learn that God brought the animals that he had formed out of the ground, that he might name them, and, by whatever Adam designated them, became absolute. And mark, his knowledge of this science was limited to two departments, mammalogy and ornithology; as it is said, "he gave names to all cattle, and to the fowl of the air, and to every beast of the field." But of that department of zoology

* The Dr. acknowledges his indebtedness in this Lecture to the following authors:—
Lawrence, Humboldt, Steller, *Le Cat*, Franklin, Pope, Dryden, and Byron.

that treats of ichthyology, he was, as far as we are informed entirely ignorant. His knowledge of classification, too, seems to have been limited to his own species. Hence, when Eve was brought to him, struck with her similarity of exterior, viz., smoothness of skin and erectness of attitude, and possessing, as we must presume, those feminine attractions peculiar to one in the morning of life, emerging from adolescence into womanhood, it is evident, from the sequel, that her presence impressed him differently from what other animals had done; for we hear him exclaiming in the overflowing of his admiration; "This is bone of my bone, and flesh of my flesh." Here rests his knowledge.

What progress was made in this department of science from his day, to those of Aristotle, 384 years before the christian era, we are not as well informed as we would like to be—history being comparatively silent as to that department during this interim. With this great man, a new genesis is marked in the history of our race;—he it was, who examined all the departments of natural science with such comparative minuteness, that his successors have found but little to do but to reproduce him. Even Cuvier differs but little from this great classifier and expounder, not only of species but genera.

Thus, then, we are brought step by step in the history of progress from the natural sciences to those of the intellectual, in which the learned sought dilligently for a formula by which to designate humanity. Hence, after protracted discussion and careful analysis, philosophers, with one accord, decided that the enjoyment of reason, was the chief and important prerogative which distinguishes the human species. If, however, we enquire more particularly into the meaning of this word, and analyze it, we are struck with the different senses various individuals attach to the same expression. By some, reason is a fundamental power of the mind, the peculiar and exclusive property of man; others consider it the development of a power in a more enlarged and general sense, though in a less degree, in a large number of animals; some consider it a combination of all the higher faculties of the mind; while some, with equal zeal, consider it only a particular direction of them. We shall not stop here to enquire into all the theories which have been proposed on this head, not only by the learned, but the unlearned,—the savan as well as the itinerant charlatan—the hypothetical guesser who believes that authority is truth, and rests in a past tense of obsolete tradition, nor those whose habits it is to trace all effects to their legitimate sense, who, by observation and experiment, interrogate nature herself, watching at her door, and inquiring in her temple and waiting her oracular response for a confirmation of their faith. I shall not here endeavor to reconcile all these apparent opposing opinions, nor determine which preponderates, but sum up in the

language of one that wrote in Galen's mother tongue, "*Non nostrum inter hos tantas componere lites.*"

This subject may be more briefly, safely, and instructively discussed by examining it a posteriori. To acquire a more clear and satisfactory knowledge of the mental nature of men and animals, it will be necessary for us to have as complete a knowledge of the internal movements of the latter as we have of our own. But as it is impossible for us to know what is passing within them, or how to estimate their sensations and emotions, their hopes and fears, their anticipations and disappointments, in relation to those of men, we can only judge from the effects which result from the natural operations of both.

In examining by comparison, then, the progress of men and animals, their intellect and instinct, faculties of the mind, speech, &c., we shall begin by studying the effects, and, while we shall acknowledge all the particular resemblance, we shall examine and note only the more prominent and general distinctions. In the first place, the most stupid and uncultivated man is capable of controlling and managing the most alert and sagacious animal. Thus "every kind of beast, and bird, and serpent, and things in the sea, is and has been tamed by mankind"—for this we have history for near 2000 years. He governs it and makes it subservient to his purposes; and this he accomplishes, not so much by his muscular strength, erect attitude, or address, as by the superiority of his intellectual nature. By his power of projecting and acting in a systematic manner, he compels the animal to obey him.

Animals, the most strong and sagacious, have not the power of commanding the inferior tribes, either appropriating their labor, or reducing them to servitude. True it is, the strong devour the weak; but this implies an urgent necessity, an appetite the most voracious, qualities which differ from those that produce actions all tending to contribute to a common design. If they do possess this power as some allege, why do not some assume the reins of government, and, if their contemporaries are not sufficiently intelligent for a democracy, let them assume the imperial form—constrain the subjugated to watch for them, to provide them with food, to nurse the sick, and to have charge to provide for the aged and unfortunate? But animals give no evidence of subordination, nor the most remote trace of a feeling of superiority in their nature over that of other species. Their habits, therefore, their dependent and subordinate state, leads us to infer that their natures are not only far inferior to, but of a very different sort from that of man, "ejected on the surface of the globe, weak, naked, ignorant, and defenceless, his state evidently indicating that he was formed for immediate ruin—circumstances the most adverse surrounding him on every side, a knowledge of the means for defence to him being hidden.

He, however, having received from his Creator that gift of inventive genius, whereby he was enabled to discover them, his energies were aroused by the promptings of his natural wants of food, raiment and a dwelling place. These necessities, however, were mitigated by the divine wisdom locating him in a hospitable clime; for mark, his lot was not cast to the extreme North of the tropic of cancer, with its acute colds, and abrupt changes, where circumstances the most disastrous must have followed. Nor was he assigned to the South of the tropic of capricorn; neither to the west coast of Africa; nor to the east of Australia, where similar misfortunes awaited him; nor in the Torrid Zone, with its burning sun and arid sands, but on the romantic slopes of Northern Mesopotamia with its green lawns and heaven representing landscapes, in a garden filled with choice and delicious fruit for his sustenance—man not yet having degraded himself by devouring dead animals like a savage. From their immediate abode went forth a splendid river, which became a quartette, from the western branch of which, the Euphrates, they doubtless drew their daily supply. This attractive spot history and tradition teach us, was Eden—encircled in an atmosphere of romance, reminding one of those regions of central Italy, where the ivy and the lichen are entwined with the rose, and the eglantine and corn-fields, and olive groves, are overshadowed by the cypress and the vine.

This power of discovery so important in the early ages of our race, has been honored by divine worship, as the "Thoth of the Egyptians, and the Hermes of the Greeks." The early herdsmen guarding their flocks by night in the Orient, finding no blaze trees as directing land marks, necessity pointed to the stars. They studied carefully the regularity of their movements, and made use of them as torchlights to guide their journeyings in the plains of the desert—hence the origin of mathematical and physical science. Having thus demonstrated that it could control nature by her own appointed means, intellect reposed no more—it doffed its infantile swaddling cloths, and assumed the costume of warfare; flushed with recent victory, it went forth conquering and to conquer. It watched her without relaxation, and constantly gained new conquests over her—each one distinguished by some amelioration, elevation, or improvement in the condition of our race.

From this time, a number of representative minds, faithful depositors of what had thus far been obtained, and anxious to perpetuate the same, by comparison and constant additions, added thereto; so that in less than fifty ages, we have been conducted from the rude essays of first observers to the profound calculation and analysis of Copernicus, Tycho—Brahe, Galileo, Kepler, Newton, Baelly, and the mechanic celeste of La Place. [Here the Lecturer diverged for a moment to pass

a brief eulogy on the hero philosopher, the great astronomer of France adding :—Brahe, may his name be immortal, and the autumnal roses on his grave be eternally in bloom.]

Not only so, but we have those choice classifications of Jussien, and Linnaeus—this precious inheritance constantly increasing—first brought from Chaldea into Egypt, from Egypt into Greece—lost during the period of darkness and vandalism, but recovered in more fortunate times. Unequally distributed in the nations of Europe, as well as on this continent, its study has every where been followed by wealth and power.

The nations that have reaped it, have become the controllers of exchange and commerce, and their men of learning, the chosen high priests to minister at the altar of science for the instruction of the race; while those who have neglected it have deteriorated into obscurity and decay.

Man has made tools to assist him in his labor, not only agricultural, but mechanical; hence Franklin defines him a tool making animal. He has constructed arms and weapons, both offensive and defensive, and has contrived various means to develope fire. Lastly, and the most important under this head, and the most useful, and may be considered the culminating point of all, is that of speech, “by which men declare their thoughts one to another for conversation and mental improvement, without which, there could be among men neither commonwealth nor society, more than there is among lions, tigers, bears, and wolves. This is a most important and distinguishing characteristic of man, seeing that it was not born with him like the voices of the lower animals, but is framed, developed, and brought into use by himself, as the arbitrary variety of different languages incontestibly prove.” Man exhibits by signs what passes within him; he communicates his sentiments by words, and this sign is universal. The savage and civilized man have the same powers of utterance; both speak naturally, and are equally understood.

It is not true, as some have imagined, that the inability of animals to speak is owing to a defect in their organization—the tongue of the monkey is as perfect as the tongue of the man. Campar, says that the laryngeal pouch of the ourang outang is the obstructing cause why it cannot speak. Other philosophers, however, have not subscribed to this doctrine. Be that as it may, there are other monkeys that have not this impediment, and yet cannot speak. That several animals have been taught to pronounce words, and repeat sentences, shows that the want of speech is not owing to any deficiency in their organization; but to make them conceive ideas, which these words express, is beyond the power of art.

Language implies a train of thinking, and for this reason, animals are incapable of speech. Though their external senses are not inferior to our own, their hearing, seeing, tasting, feeling, smelling, being more exalted in some than in ourselves, and, notwithstanding, some of them possess locality and comparison, and even to some, some German philosophers have accorded the power of numbers to a certain extent, yet they are incapable of associating ideas, in which alone the essence of thought consists.

The possession of speech, then, corresponds to the more numerous, diversified, and exalted intellectual, moral and social qualities of man, and is absolutely necessary for his development.

The ruder nature and simple faculties of animals, do not require this auxiliary. The natural language of inarticulate sounds, gestures, and actions, fully suffice for the requirements of their position. But in man, his alphabetical writing, that wonderful discovery by himself, and the invention of printing, another of his acts, are the consummation of all that was to be enjoyed of that great prerogative of speech.

With the simple operations of animals, who always perform the same work in the same manner—the performance of any individual being neither better nor worse, than that of any other—in whom the individual will be at the end of a few months, what it will remain through life, and the species after ten thousand years, what it was the first year, contrast with the progressive industry which distinguishes man in his restless, agonizing after perfection, not only in the individual but species. “By the intelligence of man, animals have been subdued; they have been tamed and reduced to slavery; by his labor, rivers have been bounded, their cataracts effaced, marshes have been drained, forests have been cleared, the earth cultivated, in a word, the wilderness and solitary places have been made glad by him; by his reflection, time has been computed, space measured, the celestial orbs recognised and represented, heaven and earth compared. He has not only executed, but executed with exactness and perfection, that apparently impossible and impracticable task assigned him by the poet.

“Go wondrous creature, soar where science guides,
Weigh air, measure earth, and calculate the tides.”

By art, which is an emanation of science, mountains have been overcome. Even the proud Alps, which find themselves at times in the embrace and communion of the clouds, have had their summits scaled and converted into a theatre, on which have been enacted tragedies unparalleled in the history of our race. By the aid of science, seas have been traversed, the pilot pursuing his course on the ocean with as much safety as though it had been traced before him by the chain of the engineer, and finding his point on the globe at every moment by means of astronomical tables. Thus, nations were united, and islands,

and a new world, discovered. But ere this could be effected, an almost super-human effort of the intellect was necessary, which was crowned by a splendid triumph over nature.

It is well known to readers of history, that, in whatever else the ancients excelled, they stood at a marked distance from the moderns in navigation and commerce. This is attributable to two causes, the imperfection of their apparatus, and their lack of nautical science—their status being well defined by the poet :

“Rude as their ships was navigation then,
No useful compass, or meridian known.”

This essential attribute to any considerable success on the dominions of Neptune, the compass, was discovered, corrected, and brought into use, by Flavus Gioio, a citizen of Italy. This secret reserved by nature to herself from all preceding ages, he, by his science, constrained her to divulge in 1305. The importance of this discovery can be best judged by its results. In 1345, the Genevese discovered the Canary Islands. This being the first fruits, excited a laudable emulation in others. In 1484, Bartholomew Diaz, under the auspices of John of Portugal, went forth and returned, bringing unmistakable evidence that he had discovered the Cape of Good Hope, which was the ultima thule of navigation at this date. In 1492, we all know what took place. Columbus fortified by strong faith in God, and armed with this new power,

“That trembling vassal of the pole,
The feeling compass navigation sold,”

went forth on his immortal voyage, and this continent is the fruit of his labor; opening up such a field for the unlimited and unrestricted genius of our race, that by this panoramic view, the senses are embarrassed, the intellect dazzled, calculation and judgment almost suspended, with visions of the interminable future.

Thus in 369 years, the Caucasian man has overran a race that numbered millions. They have melted before him like snow before a vertical sun, and his progress is onward. His destiny is apparently Cape Horn, from whence we hope to suspend the stars and stripes, as a beacon light to the nations of the earth that go down to the sea in ships; thence extending north on the west coast to the arctic circle, so that “upon all our glory the sea shall be our defence.”

But to return. What has positive science accomplished on this continent, and what has been the progress of the Caucasian here? Adopting the arithmetic of heaven as most applicable to nations, one day being with God as a thousand years, he wants yet 131 years of making one of God's half days. Let us see then what he has accomplished in that space of time. We think it can be demonstrated, that, on this continent, the triumphs of intellect have been unparalleled in the his

of the race. Fifteen hundred and twenty years before the christian era, God himself proposed a scientific challenge to Job.—The latitude and longitude of this distinguished personage, I am unable to inform you. We learn that his residence was in the land of Uz.—The challenge as follows; “Canst thou send lightning that it may go and say unto thee, ‘here we are.’” After due consideration, this representative of patience, admitting his inability, exclaims, “I am vile, what can I answer.” Nor was it answered on the continent of Asia, nor Africa, nor Europe, notwithstanding it was familiar throughout the world to all that were recipients of Jewish scripture, not only on continents, but on the islands of the sea, for 3272 years.

Thus after the elder continents and islands, tacitly admitting their ignorance, in this new world, in 1752, he, who had been the tallow chandler boy, then the printer boy, afterwards the diplomat, statesman, and man of science of all time, sent up his kite, arrested the lightning in its course, domesticated it, and sent it as an errand boy from house to house to do your bidding—thus complying with the original challenge to the letter, “Canst thou send lightning, that it may go and say unto thee, ‘here we are.’”

When we consider this splendid triumph of human genius under circumstance the most adverse—it is like the marine coral emerging into the defiant rock, or Atlantic islands bearing precious fruit, surrounded by the tossing waves of the roaring ocean. In all of which we have been discussing, man stands alone. His intellect, and what he has accomplished by it, places him at a wide interval from all animals, at an interval which no animal hitherto known in history can approximate. Even the manlike monkey, the almost reasonable elephant, the docile dog, the sagacious beaver, the industrious bee, none of them can be compared to him; as there is with them, neither progress in the individual or species. The monkey shows no progress over those of periods the most remote; the elephant is still the subjugated creature of his less powerful, but more intellectual neighbor, man; the dog pursues the sheep now, as he did when Moses was a herdsman in Midian; the beaver has not found out any way to ameliorate his manner of life; the fox destroys vines now as it did in the garden of Engedi, or, in the vineyards of Baalhamon; the bee constructs its comb as it did when Solomon was a student of botany 1014 years anterior to the christian era—the only branch in natural science, in which the Jewish nation was distinguished in history.

Nor are animals not only inferior in intellect, but they are also inferior in feeling and in moral sentiments, with the exception of those that may come under the head of instinct. The attachment of the

mother to the offspring, so long as its feebleness requires her aid and defence, seems as strong and marked in the animal as in the human being. Its duration, however, is limited even in domestic animals to the period of helplessness, and is not succeeded as in man, by those endearing relations, and continued affection, which constitutes the pleasures of human life.

Of the courage of the animal kingdom, many examples are given, and philosophers have dilated much on the attachment of the dog to the master; but we have no evidence except in cases of sexual unions of any feeling between animals themselves. Indeed, on the contrary, they appear insensible to any joy or suffering; they are unmoved by any pangs, or worst usage of their fellows. Nor are they capable of co-operation, as far as we know, if we except some tribes of the insect class, and that is only for the purpose of the continuation of the species and securing a supply of food, and some joint labors of the higher class of the male and female. They appear incapable of co-operation, so as to produce a common result.

Laughing and weeping are signs probably peculiar to man. They may be considered indicative of certain affections, and it is doubtful if they are capable of those states of mind indicated by those external signs. It is well known that many animals besides man, secrete tears, but whether they weep from grief is doubtful; though Steller, high authority, represents that they do, and gives us as illustration, the phoca or sina; Pallas, the camel; and Humboldt, a small American monkey. Whether they laugh, or express their mirthfulness by laughing, is still more doubtful—though Le Cat affirms of the chimpansi, that he has seen it both laugh and weep. The ourang outang brought from Batavia by Mr. Abel, never laughed, but his keeper informed Mr. Lawrence that he had seen him weep a few times.

In considering the differences between men and animals in propensities, feelings, and intellectual faculties, they may be all traced to the same original source as the cause of the differences in other functions, viz: difference in organization, since the superiority of man in rational endowments is not greater than is his more complicated, exquisite, and perfectly developed brain, and particularly his ample cerebral hemisphere, to which the rest of the animal kingdom offers no parallel, nor any nearer approximation. The senses of man and other animals will not explain their mental phenomena, nor is his superiority deducible from this part of his organization, as we have already shown. Some modern enquirers have turned our attention from the old beaten path, and have particularized certain portions of the brain of men and animals, as the residence of the propensities and intellectual powers. Great experience on our part, is required to render a verdict in the

affirmative. They have contributed much to the elucidation of intellectual science by their patient investigation and careful reflection. They have performed the useful service of rescuing us from the teachings of metaphysicians, by referring us to nature herself, whose teachings, like those of God himself, cannot mislead. They may be compared to the old man in the fable, who, when he was dying, informed his sons that a treasure was hidden in the vineyard. After the ceremonies of his interment, they began, with one accord, to dig over the ground in search of it. They found, however, no treasure; but the loosening of the ground, and the destruction of the weeds, the admission of light and air to the soil, was so beneficial to the vines, that the quantity and excellency of the subsequent crop was unprecedented.

Gentlemen, in conclusion, attracted as you are here, to this great metropolis of medical science, from all parts of the country, your time is of vast importance, and all that stands between you, and the way of your progress, you are called upon to vanquish. One of those things inimical to study is tobacco. That very considerable moral courage is required, we all admit, for us to say to our vices, as Abraham said to his young men, "Tarry ye here, while I and the lad go yonder and worship."

This power to resist and subjugate, you carry with yourselves, gentlemen; the strongest power in the universe, with one exception, being the will of man. We have before us glorious motives, and denying ourselves only of those things that are unfriendly to our progress, and the assurances that we shall reap if we faint not.

Gentlemen, until I have the pleasure of meeting you again, Adieu.

For the Medical and Surgical News.

"*Veratrum Viride an Antispasmodic.*"

IRELAND, Ind., Feb. 12, 1861.

Prof. A. H. BAKER—Dear Sir: In the January No. of the Medical and Surgical News I noticed an article under the above caption, which I read with great interest, as a subject worthy of investigation, and as being from the pen of a friend, a gentleman of extensive reading, and good investigating powers; (O. Pomeroy, M. D.) I like the style of the article well, and am glad it appeared. That is, I believe it did all that the Doctor said it did in the cases which he quoted, and think it applicable generally in cases of convulsions accompanied with great arterial excitement and encephalic engorgement. I hope my worthy friend will not think ill of me for not ascribing to it antispasmodic properties, which may not be readily accounted for upon its known sedative influence over the action of the

heart and arteries, by relieving congestion of the brain, important ganglia, or nerves. I think the Doctor would be equally as cautious as myself, and not venture upon it where an arterial sedative was not required, or might be contra-indicated; though he *may* be right in his conclusion, that, "it acts upon the *motor system of nerves, quieting spasms*, and at the same time reducing the force and frequency of the heart's action."

I think your correspondent was hardly explicit enough in the first case quoted, in not stating the condition of the pulse at the time of ordering the veratrum; but he states that he concluded to try it, "*on account of the difficulty with the heart.*" (The italics are mine.) Hence I infer that the circulation was accelerated; and from its salutary effect I am almost certain of it. In the second case he clearly states that he "found the pulse very much excited and very tense, head very hot." Do not these cases give weight to my position, that its *antispasmodic* properties *may all* depend upon its known power as an arterial sedative? And should we not be *cautious* about resorting to it, in consideration of its *supposed* antispasmodic properties, when an arterial sedative is not indicated? I administered Norwood's tinct. verat., last spring, to a child having convulsions during the hot stage of intermittent, with pulse very tense and frequent, head hot, and extremities cool, in connection with cold to the head, warm pediluvia, cal. and ipecac., etc. And I think it was of decided advantage, by relieving the force of the circulation; thereby relieving the congestion of the brain and nervous centres. But I did not give it for any supposed antispasmodic properties.

Convulsions may take place under very different conditions of the circulatory, and also of the nervous system. Some cases may, and even do, require the free use of stimulants. I have a case in point, which I give from recollection, no notes having been taken at the time. Last May I was called to attend B. C., a boy twelve years old, who had fallen down in convulsions caused by the sudden suppression of the eruption of rubeola. They followed each other in rapid succession. I saw him in about an hour after the first, and could find no pulse at the wrist, cold extremities, pallid face, etc. I resorted to Hoff. anodyne in large and frequent doses, the hot bath, sinapisms to the wrists, ankles, and epigastrium; and soon had the satisfaction of finding a full pulse—a return of the rash—the convulsions becoming shorter and less frequent, till they finally subsided, and he was soon out of danger. Now, I think, veratrum in that case, before reaction was fully established, would have proved fatal. In some cases blood-letting is highly recommended in convulsions to relieve congestion; but we never hear *venesection* spoken of as an antispasmodic. The

game may be said of cold to the head, hot pediluvia, sinapisms, and various other general and local remedies. Is my theory correct? If not, I shall be happy to acknowledge my error when convinced of it.

Yours, respectfully.

H. W. GLEZEN.

Imperforate Anus.

We give the following brief letter from our friend, Dr. Haggett; the case is an interesting and important one, the result of which we shall note, as we can promise further information in regard to it:

PROF. BAKER.—When you called on me last fall, I promised to report to you the result of a case of Imperforate Anus then spoken of.

The child is a male, now not far from thirteen months old—rather feeble, and about the ordinary weight of a child at four months.

What renders the case extraordinary is,—the intestine terminates in a small canal, connected high up with the urethra, through which the feces have been discharged from the beginning.

I will write the progress of the case and report further at a future time.

Yours, &c.

EATON, OHIO, Feb. 16, 1861.

J. PEARL HAGGETT, M. D.

Academy of Medicine.

PROCEEDINGS MONDAY EVENING, FEBRUARY 11th, 1861.

The subject of vaccination was brought up this evening by Dr. E. H. Johnson inquiring the opinions of the gentlemen of the Academy as regarded the identity of vaccinia, varioloid, and variola, or, their being but modified forms of the same disease. So far as his observation and experience extended, he was inclined to consider them as differing only in the intensity of their action, and that their various phenomena were due to this.

It was well known, he said, that in many cases of vaccinia, there were constitutional disturbances similar to those found in varioloid and small-pox, as chilliness followed by fever, pain in the back, &c., and he had known instances, wherein an eruption followed. Some time since, he had sent a physician in the country some vaccine virus he knew to be genuine, and all who were vaccinated with it, had all the symptoms of varioloid. Again, he had noticed that vaccination acted with more severity upon the system during an epidemic of small-pox than at other times.

Dr. Stevens said that he regarded varioloid and variola the same disease, for one would produce the other; but as there were no instances on record, wherein vaccinia resulted from the infection of

either, or they from that of it, he did not think it could be classed in the same category with them.

Prof. Baker also dissented from the opinion, that vaccinia was a disease of the same nature as varioloid and variola. He said it was being demonstrated at Toulouse, that vaccinia had its origin in that disease of horses termed *grease*, and he had never heard of it being considered as identical with small-pox. [The Prof., here, gave an account of the experiments that have been instituted at Toulouse in regard to the origin of vaccinia; but as the same was copied from the Edinburgh Journal into the February number of this journal, we will not repeat it.]

He said he would here state, that he had always advocated the permanency of the protection from small-pox derived by a successful vaccination, believing that the generally received opinion, that vaccination would, in course of time run out, erroneous.

He had lately been confirmed in this opinion by some experiments, that he had had an opportunity of making on a somewhat large scale: One hundred persons were exposed to the contagion of variola. Sixty of them bore the characteristic marks of a successful vaccination, performed at various periods of their lives—in some, dating as far back as infancy; thirty-five had marks more or less perfect; five had never been vaccinated. Of the latter all took small-pox; of the thirty-five all took varioloid—some, however, had it very light, having scarcely any eruption at all; of the sixty all escaped completely.

The characteristic marks of a successful vaccination were pitting and sub-pitting, or, in other words, an indented cicatrix. When such a result was the consequence of a vaccination in a person, he would take the responsibility to forever guarantee an exemption from small-pox.

Dr. Comegys thought that physicians should use caution in making positive assertions as to the permanency of the protection of vaccination. The community, becoming impressed with such a notion by its advocacy by those whose judgment in the matter was considered final, would become negligent in protecting themselves against a loathsome disease, and the result would be of a serious character. From his own experience he was led to believe, that vaccinia was not a permanent protection against small-pox; he believed time destroyed its influence. Prof. Baker's experiments were no doubt correct and reliable, so far as they went, but they were not sufficiently extensive to render certain so important a matter. The statistics of the Prussian army, which exhibit the result of experiments in vaccination at different times upon many thousand persons, are opposed to the theory of its permanency.

Prof. Tate said that the statistics of the Prussian army alluded to by Dr. Comegys, merely showed on an extensive scale, that out of a cer

tain number of persons vaccinated, a proportion of them were susceptible of re-vaccination; and of the latter, there were still those who might take vaccination again. He did not think they militated against Prof. Baker's theory.

Dr Gans stated that he had those statistics in his possession, and with the permission of the Academy, he would present them at the next meeting. He thought he could present such facts by the statistics that he had collected in regard to vaccination, as to render clear the incorrectness of Prof. Baker's views.

REPORT OF CASES.—Dr. Comegys reported a case of diptheria, in which the larynx became involved. Respiration becoming so embarrassed as to threaten suspension, he had Dr. Clendenin to perform tracheotomy. After the operation, a catheter was placed in the opening in the trachea, and much relief followed. During the night, however, the catheter becoming closed by the secretions, and the attendants not knowing how to clear it, the child died before Dr. Clendenin could arrive.

Dr. Stevens reported a singular case of vaccination. Within a few days after the vaccination, which did not take, the child took the small-pox. A year afterwards, at the point where the puncture had been made, the arm became sore, and all the stages of a genuine vaccination were passed through.

Dr. Gans reported a similar case. Prof. Baker also mentioned a case that he had met with in one of the journals. *

Discussion in the Academy of Medicine,—Continued Monday Evening February 18th.

The subject of vaccination, as laid over from the previous meeting, was brought up this evening. Dr. Gans stated that since the last meeting of the Academy, his professional engagements had been such as to prevent him preparing a paper on the subject, but in lieu thereof, he would present some statistics which he had collected in looking over its history. In examining those authors, ancient and modern, who had written upon it, he was confident that Prof. Baker, with all his enthusiasm, stood almost isolated in his theory in regard to the matter; for although he based his opinions upon some experiments made by himself, yet he must regard them as fallacious.

Jenner himself, in 1814, sometime after his discovery, was constrained to admit, that although vaccination was capable of protecting individuals against the contagion of variola, yet there were instances in which a susceptibility to revaccination was manifested, not only once, but several times. Previous to this, Slater in 1800, vaccinated four chil-

dren with virus received directly from Jenner, two of whom were attacked the next year with small-pox.

Epidemic variola in vaccinated persons occurred in Scotland in 1813, in Farfar 1816, in New-Lanort, Perth, Edinburg and France 1816, in Montpellier 1817, in Milan 1827, in Digne 1828, in Marseilles and Denmark 1823 and 24; in this country, in Philadelphia and New York, 1826. Similar epidemics have occurred in many other places.

Thomas Brown, in a work on vaccination, published in 1842, goes so far as to say, that vaccination, although able to protect some individuals from small-pox, is unworthy the perfect confidence of the public, and even advises a return to inoculation. Prof. Reiter, superintendent of vaccination in Munich, so great an admirer of Jenner and his discovery, that he published a work on vaccination in honor of the 50th anniversary of the same, admits with all his enthusiasm, that some vaccinated persons become attacked by small-pox, at any time after a successful vaccination.

The great Dr. Heim of Berlin, (now dead) also a great admirer of vaccination, says in his acknowledged meritorious work, a historical and critical exposition of variola epidemics, with an account of the total vaccinated and re-vaccinated in the kingdom of Wurtemberg from 1831 to 1836, that, "the structure of vaccination does not any more rest upon secure pillars." The two truth loving critics of this work express themselves in a similar manner. The one in the *Salzburgh Medico-Chiurgical Journal* (Feb. 10th 1840) says: "That we have no sufficient protection against the small-pox by vaccination, is, I am very sorry to say, an experience which we have arrived at since about 15 years. No deception prevails here; for varioloid (and also variola) have been observed in carefully, and *optimo cum successu* vaccinated persons in all European countries, which are in possession of a well regulated medical police arrangement, and that not only in individuals, but often extending to epidemics." The other critic, Dr. Leichtenstadt, in 1838, expressed himself in language equally full and strong, declaring, "that it is to be looked upon as a real misfortune, that that beautiful prospect of eradicating the small-pox from diseases, has been destroyed, not only because that it threatens again the human race, but also because the belief in the security of medical experience has become lessened."

When after the introduction of vaccination, small-pox still made its appearance, it was attributed to the deficient manner of vaccinating, and to a new form of variola not antagonistic to the vaccine. But the veil of deception had to fall, and it became clear, that it did not offer that general protection which the world had expected.

Besides the before mentioned cases of Slater, and Jenner himself,

Mason Goodsaw had a case of small-pox which Jenner had vaccinated before. The Countess of Dunleigh, and the son of Admiral Berkeley, both vaccinated by Jenner, took it in 1822. Willan published 41 cases after vaccination, Thomas Brown 48, Black in the year 1816, 62 out of a 100.—Facts only decide, and experience has shown neither an absolute, nor a permanent protection of vaccination against small-pox.

Even after an attack of variola, vaccination may take as was observed by Jenner. Of one hundred persons marked by small-pox, there took in accordance to Theim, 32 perfect, 26 modified, 42 none: to Thiebe, 19 perfect, 6 modified, 72 none.

When in 1838, the small-pox raged epidemically in London, the admissions into the hospitals devoted to it, in that year, were more than double the average annually prior to the discovery of vaccination. Two-fifths of the admissions consisted of persons who had been vaccinated; more than 20 of them died. In the great epidemics of Prussia of 1858, of the 30,843 patients, 25,995 had been vaccinated, 4,753, not. Of the first, 1730 died, and of the latter, 1055.

Various governments of Germany having found by the observations of the principal physicians that revaccination was a tolerably sure, but still only comparative protection, and induced by the repeated epidemics of variola and varioloid among the military, ordered a revaccination of the armies to take place. The result was as follows:

	Revaccinated.	With perfect result.	Imperfect.	With none.
1840, in the Prussian Army,	43,527.	20,952.	8,820.	13,750.
1843-45. in Bavarian Army,	39,996.	16,518.	7,057.	16,421.
1831-36, in Wurtemberg,				
civil and military,	43,951.	20,260	8,756.	14,935.

In 1854, in the Prussian Army 66,341. Of these 50,956 had plain and good marks of former vaccination. 9,860 not clear, and 5,525 none. Of the whole number were 42,137. 8,269. 15,935. These last were revaccinated with good results in 3,896, and without any in 11,935.

Out of all these and former times revaccinated, four were attacked by varicella, twelve by varioloid, and none by small pox. Since that year, the whole of the recruits of the army, about 40,000 per annum, are revaccinated, and revaccination, being always resorted to when epidemics exist, the prevalence of small-pox within the ranks, has been almost entirely prevented.

In reference to the origin of vaccinia, nothing definite is known. Dr. Fohrer, chief of the principal vaccine institute of Vienna, vaccinated several children with virus from the grease of horses, but no other result was produced, other than slight inflammation of the punctures, with a little knot like appearance in some, which afterwards entirely disappeared. Although it cannot be denied that the cow-pox

and grease are related, yet, that the only origin of vaccinia is from the latter, cannot be admitted, as the former may be produced without any connection with horses.

The investigations of Knolz and Gruler of Vienna, are opposed to the theory that cow-pox can be produced in cows by variola virus. Courat ascertained that revaccination seldom succeeds during an acute disease until its acme; becomes easier during convalescence, but is then often modified. In chronic diseases the success is comparatively greater. The diathesis rather increases the amount of success; that most favorable to it is the cancerous.

The following are the results of Courat's observations:

1st. Revaccination never does any harm; is often of great service, and is particularly necessary in hospital practice.

2nd. The success of it is much greater, the longer the period from the first vaccination (of course up to a certain age.)

3rd. Certain features of the disease, if not the disease itself, influence its results.

4th. The results become strikingly modified by the influence of variola epidemics, which clearly heighten them.

In reference to the identity of variola and vaccinia, Betz says: "The vaccine virus is analogous to the variola virus, but its identity is, at this time, undecided."

Now a word about the proper time when lymph may be taken from the arm, so as to obtain it in the most efficient state for propagating the disease. The lymph of a fifth day vesicle never fails. It is, however, extremely powerful up to the 8th day, at which time it is also most abundant. After the formation of the areola, the true specific matter becomes mixed with variable portions of serum, the result of common inflammation, and this diluted lymph is always less efficacious than the concentrated virus. After the tenth day it becomes mucilaginous, in which state it is not at all to be depended upon. Out of a dozen vaccinations made with such viscid matter, not more than one will prove effective.

We will here mention, that Dr Gans stated that, in Germany, vaccinations were made from arm to arm, and not from the dried scab after it had been removed, as in this country.

Prof. Baker replied but briefly to Dr. Gans; and brief as his remarks were, we can give but a short synopsis of them. He did not think, he said, that the statistics produced by the gentleman, militated at all against his opinions advanced at the previous meeting. They merely showed that some individuals were susceptible to the same disease two or more times. He had known persons to have small-pox more than once, and then, finally die of it.

Besides, it was well known that in experiments of such kind, there were many sources of error. Every physician knew that even in the narrow limits of a private practice, much care was necessary to avoid fallacies in observations; how almost impossible, then, in experiments of such magnitude as were made upon the soldiers in the Prussian army.

REPORT OF CASES. Dr. Mendenhall reported a case of varioloid, which, at its onset, promised to be a severe case of confluent small-pox. The pustules ran into one another, as in that disease.

Some discussion upon ovariectomy followed a report of a case of ovarian tumor by a gentleman present. The opinions expressed, generally seemed unfavorable to the success of that operation.

Puerperal Insanity.

The following we take from one of the February numbers of the Philadelphia Medical and Surgical Reporter. It is a synopsis of the remarks of Dr. Darrach in the Philadelphia Medical Society; and as the subject is treated of in a concise but very methodical manner, and contains much information concerning Puerperal Insanity, and other forms of mania of the same type, we copy it at length, having no doubt it will be interesting to our readers. *

Dr. Darrach expressed his admiration of the term "puerperal insanity," because it is significant of the etiology and pathology of the disease under discussion, and also suggestive of its therapeutics.

The other terms, in the nosology of insanity, are less scientific. Mania and melancholia relate chiefly to the two opposite stages of excitement and depression; dementia, in its unrestricted use, means the sequela of insanity, the condition of senile atrophy, or the concomitant of congenital cerebral defect or of arrested cerebral development; monomania designates only specialities; and the recent and unconventional phrase "moral insanity," is only the materialist's notion of human depravity, which makes the world, in all ages, an insane hospital. These terms, he was satisfied, from observations in the insane asylums of this country and of Europe, and from his service in medical institutions, were hygienic, and more suited for the arrangement of patients than for pathology and therapeutics.

Not so the phrase "puerperal insanity." Here is signified not only the cause and effects, but their different localities—the latter in the brain, and the former in the uterus, and is suggestive of two indications in the treatment: the one, cerebral palliatives, to control the symptoms; the other, radical agencies, to restore the uterus to its normal conditions.

Before the pathology of morbus coxarius, vesical calculus, and membranous hepatitis were discovered, appliances were exclusively and vainly made upon the seat of the symptoms—the knee, glans penis, and shoulder.

Then may it not be that, in the treatment of puerperal insanity, there is unwisely the exclusive direction of medical appliances to the brain, and, owing to disregard of the causal word "puerperal," the omission of tonics to the reproductive organism.

To confirm this, he called to mind the three purposes of the animal organization, viz: by a nutritive organism to sustain life, by a senso-motor organism to hold the relations of life, and by a reproductive organism to perpetuate the species.

This last, the reproductive organism, is the compound of the other—the nutritive and senso-motor; thereby it not only accumulates arterial and venous blood, animal heat, and concentrates the force of both cerebro-spinal and gangliar systems, but also obtains a power of wonderful increment and of surprisingly sudden decrement. The genital system, the cœliac plexus, and the medulla oblongata are the nodes of vital force, and of them the first noticed is the most powerful. Its budding, at the onset of the third climacteric of life, affects our entire humanity, not only for our present but future state of existence. Our emotions, passions, faculties, and functions are thereby perfected, and, after seven years' training, are fit for full operation.

If, then, this compound organism exercised, in its normal state, an empireship for good, what, when diseased, must be the extent of its influence for evil? Of this, a mere page is afforded by the primary, secondary, and tertiary stages of syphilis, with its horrid and multiform sequelæ and catenations; another page is afforded by consanguineous marriage; a third is that from erotism. To this, as throwing light on the therapeutics of puerperal insanity, he would direct attention.

The form of erotism most allied is that of erotic mania. A case in illustration, which he cited, was that of a colored prisoner of the Eastern State Penitentiary, in the year 1837. The watchman reported him walking his cell all night, out of his mind. When visited medically, he was found standing in a fixed position, regardless of things and persons, and gazing up at the arch of the cell, and his eye-balls in quick and constant motion; his muscles were tremulous, the pulse was relaxed and reffluent, and his food and bed at night were neglected. The cold, damp hands, which Dr. D. discovered subsequently to be pathognomonic, was a symptom which, in this first case, was unnoticed.

The case, though peculiar, was, nevertheless, diagnosed to be somehow mania a potu. A second and third case, and subsequently several cases, occurred; and there had been, previous to his service in the institution, similar cases which, indeed, had been prejudicially reported as cases of direct mental insanity, induced by the separate system of imprisonment.

Neither this nor intoxication was the cause, for, with few exceptions, the cases were among the debased negro prisoners without intellect, and who had been without rum for several months. The cause was masturbation; every other sensuality being debarred they indulged in this the more. The damp cold hands which Dr. D. had noticed in cases of erotism and leucorrhœa he, in time, discovered to be a constant symptom in not only these prison cases of insanity, but also in erotic cases of his private practice. In these the coldness and dampness was always associated with a purplish red color and torpid capillary circulation of the back of the hands. This may be regarded as a pathognomonic symptom, and need not be confounded with the blue cold hand of heart disease nor that of chronic dyspepsia. It is associated with depressed emotions, indecision, mental debility, and hallucinations, and, in some cases, terminating in tabes. This sad condition comes on with the *impotency which results from the inordinate emissions, and*

may properly be regarded as the second or cerebral stage of erotism, in which all the phenomena of the disease are in the cerebro-sensory motory organism, whilst, nevertheless, the actual lesion is in the reproductive organism, and in the male may most likely be found to be a congestion of the vesiculæ seminales, resulting from indirect debility, and tending to atrophy and sterility.

From among the many such instances on his office case book he cited that of a talented youth recently admitted, with much promise, to the bar. "Oh, doctor!" he exclaimed, in a feeble and tremulous tone, "I'm unfit for business! I'm going crazy! Everything agitates me, and the future is dark and foreboding!" Here, associated with muscular tremors, relaxed, refluant pulse, anorexia, wakefulness, restless eyeballs, Dr. D. noticed the characteristic cold, damp, purplish-red hands, with the torpid capillary circulation.

This marked symptom diagnoses the verge of erotic mania, which was confirmed by a confession of an extreme practice of masturbation, which was now followed by a total absence of erections and emissions.

The cerebral symptoms Dr. D. disregarded, as shadowy consequences of the substantial disease of the genital system.

The sole indication, therefore, was restoration of the reproductive organism from its state of indirect debility. The suggested means were chalybeates, bromide of potassium, and a diet of oysters and such like phosphoric food.

The benefit of this treatment was soon manifest, and in a few weeks he was restored to health and business. In regard to the bromide of potassium, Dr. D. remarked that his attention had been called to this agent by Dr. James Darrach, who had successfully used it in a similar case, and who refers the primary use of the article in genital complaints to Trousseau.

Regarding bromide of potassium as a specific tonic to both the male and female organs of generation, Dr. D. has, for sometime, and in many cases, administered it successfully in too partial and too abundant menstruation, in leucorrhœa, and in various degrees of the indirect debility above noticed of the male organs of reproduction.

As regards the use of phosphoric diet, its efficiency is not only supported by many cases in his own practice, but by the successful practice of the dry, phosphoric acid in the practice of his friend, Dr. Kricke, and by the testimony of Dr. —, that a husband and wife who were without issue for several years, eat daily of the head of the boiled rock fish, in accordance with medical advice, and conception, full gestation, and a safe birth followed, and in due time occurred a second birth. How far the bromide of potassium may be an important adjuvant, is left for future practice to determine. The formula which he always used is:

R Bromide Potass, ℥ij.

Aq. Cinnam., f3ij.

M 3i. q. t. h.

Taken on the empty stomach, an hour before ordinary meal time, and at bed time.

In view of the above remarks he would, in conclusion, say that in puerperal insanity the uterine treatment, respectfully suggested, is intended as an addition to, and not a substitute for the cerebral treatment. At the same time, in respect to this, it may be well to question the benefit of the antiphlogistic treatment, and if, indeed, revulsives of

a proper kind to the feet and the use of valerian would not be more efficient. In one case in his practice, with the advice, in consultation, of Dr. Meigs, it was, after various vain efforts, the finally successful treatment. The strong infusion of valerian was administered in the fluid citrate of potassa, every two hours. After two days' use the patient, who for days had contracted an aversion to her best friends, imagined each coming inspiration to be her last, and imperatively taxed her nurse day and night to constantly fan her, was restored to sleep and appetite and normal emotions and mind.

Another concluding remark. If, said he, the genital system be a cause of insanity, so is the liver and stomach. In regard to the liver, the term melancholia shows that the ancients were well aware of an abdominal origin of disordered mind. And in respect to the stomach the cases are numerous. Among those in his practice was that of an intelligent lady, whose life consists of alternate periods of extreme dyspepsia and destructive insanity. Whilst under the cerebral form of her disease, the stomach is healthy; she feeds with appetite, sleeps, and accumulates flesh; but when the mind is right, she becomes a miserable dyspeptic and emaciates.

Here, then, he remarks, are presented puerperal, erotic, gastric, and hepatic causes of insanity, which may be considered as species under the genus, reflex insanity.

Influence of Tobacco-smoking on Public Health.

Sir Charles Hastings read a paper on this subject before the National Association for the Promotion of Social Science. He commenced by observing that it might be one of the functions of the Association to point out the evil effects on public health of certain active agents in daily use by the community. The one to which he would especially draw attention to was tobacco. Tobacco is at present extensively consumed by all classes; it is a very active narcotic agent; its empyreumatic oil acts most deleteriously on the nervous system; and when it is concentrated, death results from it. The author then quoted the account of the chemical nature of tobacco, as given by Prof. Johnstone, of Durham, "that the chemical constituents of tobacco are three in number; a volatile oil, a volatile alkali, and an empyreumatic oil. The volatile oil has the odor of tobacco, and possesses a bitter taste. On the mouth and throat it produces a sensation similar to that caused by tobacco smoke. When applied to the nose it occasions sneezing, and when taken internally it gives rise to giddiness, nausea, and an inclination to vomit. The volatile alkali has the odor of tobacco, an acrid, burning, long-continuing, tobacco taste, and possesses narcotic and very poisonous qualities. In this latter respect it is scarcely inferior to prussic acid, a single drop being sufficient to kill a dog. Its vapor is so irritating, that it is difficult to breathe in a room in which a single drop has been evaporated. A hundred pounds of the dry tobacco-leaf yields about seven pounds of nicotin. In smoking a hundred grains of tobacco, therefore, say a quarter of an ounce, there may be drawn into the mouth as much as two grains or more of one of the most subtle of all known poisons. The empyreumatic oil is acrid and disagreeable to the taste, narcotic and poisonous. One drop applied to

the tongue of a cat brought on convulsions, and in two minutes occasioned death. The Hottentots are said to kill snakes by putting a drop of it on their tongues. Under its influence the reptiles die as instantaneously as if killed by an electric shock. It appears to act nearly in the same way as prussic acid. Experience proves that a large proportion of those who smoke or chew tobacco, do so under the conviction that it is always innocuous in its effects, and often beneficial. Now, this is a mistake which the every-day observation of medical practitioners can attest. For amongst the patients who consult us for various nervous and stomach complaints, it will be found that tobacco smokers form a large proportion. Indeed, we find, unexpectedly sometimes, on inquiry, that the habit of smoking is the source of very distressing ailments, which immediately or gradually subside on omitting the use of this drug. It is grievous to observe that this habit is prevailing among young people, upon whom its effects are most likely to be prejudicial. Strikingly illustrative of this position is the fact that, which has been recently made public, that in the competitive examination to which young persons are submitted in the military schools in France, the smokers of tobacco occupy the lowest place."

One of the most severe cases of epilepsy which Sir Charles had ever seen was in a boy of twelve years of age, who had been for two years a tobacco-smoker; he recovered only on being prevented from continuing the habit. It could, no doubt, be said, and it was true, that thousands pursue this practice without producing epilepsy; but many of these suffer from nervous and digestive disorders.

It was then important that the Association should disseminate sound views on the action of tobacco, and should show that this drug cannot be used indiscriminately. An admonition from such a body would come with more force than from the medical profession, whose monitions could only find way among the sick and those needing medical care, while the opinion of the Association would permeate the community at large. Sir Charles Hastings then quoted from the opinion of Sir B. Brodie on the effects of tobacco on the nervous system.

The various institutions now formed and supported for the purpose of diffusing language among the laboring classes, ought to be available to assist in this work, if their managers could be made awake to the importance of the question; but, in many instances, these societies are not aware of the baneful action of tobacco on the frame. If they were, smoking rooms would not form a part of the establishment, whereby the onward progress of civilization is proposed to be insured. It is a sad reflection that it should be considered necessary to insure the attendance of members at a society whose professed object is to advocate civilization by diffusing art and science, that there should be means supplied for indulging in the evil habit of smoking, as in the clubs of the aristocracy. This Association may at any rate raise a warning voice against such erroneous proceedings, which must doubtless tend to enervate our population, and eventually to produce a degenerate race.

Sir Charles Hastings ended his paper with the following conclusions:—

That the effects of tobacco-smoking are chiefly dependant upon an empyreumatic volatile oil, and other active principles, whose direct tendency is to act injuriously on the nervous system and digestive organs. That tobacco is extensively consumed by the community, and

its use ought to be discouraged. That this Association emphatically records its conviction that societies formed for the purpose of promoting useful knowledge amongst the working classes, should on no account provide smoking-rooms for the members.—*Brit. Med. Jour.*,

The Chief Source of the Danger Resulting from the Inhalation of Chloroform.

In a recent communication made to the Academy of Science at Paris, M. Jeaucort stated that his observations and researches had convinced him that upon every occasion when the patients breathe freely during the inhalation of the chloroform, anæsthesia was produced readily and quickly, and that he was also of opinion that if nothing offers any obstacle to the regular and *continued* play of the respiratory current, not only does the inhalation not present any danger, but in addition, it is exempt from what have been called the physiological effects of the chloroform, or at least, these are less marked.

But the respiration may easily become changed during the inhalation, especially at its commencement, and it is in this change that the danger resides; if any obstacle interferes with the continuity of the respiratory action, the anæsthesia ceases to be really producible, and the effort to produce it gives rise to various accidents, more or less to be feared. The interruption to free respiration may arise from different causes depending either upon the operator, as in cases where he administers the chloroform either too rapidly or in too great abundance, or upon the patient himself, where he voluntarily ceases to respire, and even resists the injunctions which are made to him upon that head; the immediate result is the modification of the quantity and quality of the air contained in the lungs; the secondary result is variable, and may occasion the production of a transient, slight sense of suffocation, or of fatal asphyxia. The explanation of the latter phenomena may be found in the double source from which they arise, viz: the sudden deprivation of respirable air, and the poisoning resulting from the gaseous mixture retained in the lungs. M. Jeaucort considers that we may thus account for the occasional fatal effects which have attended the employment of anæsthetics, and which have been doubtfully referred to syncope; the default of innervation of the heart appearing to result from the complex character of the asphyxia itself.

An attentive examination into the causes of these accidents furnishes an indication of the means which it is necessary to adopt for the purpose of obviating them, and the rules upon this point may be comprised within the following general formula: In order to avoid all chances of accidents, in the inducement of anæsthesia, it is necessary to watch carefully that there exists an unfailing renovation of the air contained in the lungs until the invasion of sleep. If the respiration is carried on up to this time in an equable and continuous manner, it will not be interrupted afresh.

Elsewhere, M. Jeaucort who recommends the employment of chloroform in most cases of labor, and who considers that it diminishes the frequency of puerperal complications, states that the anæsthesia, under these circumstances, ought not to be pushed further than the abolition of sensibility, and the relaxation of the upper extremities. The labor loses its ordinary gravity, and is accomplished in a normal manner,

without any risk even of suspending or abating it, if we take the precaution of commencing the administration of the vapor at the moment when the os uteri is completely dilated.

Action of Hydrochloric Acid upon Phthisis.

Dr. R. P. Cotton presents a very instructive report (*Med. Times and Gazette*, Nov. 17, 1860,) on the effect of hydrochloric acid upon twenty-five in-patients of the Consumption Hospital.

Of the twenty-five patients, seventeen were males and eight females. Their respective ages varied from sixteen to forty years. Ten were in the first stage, four were in the second stage, and eleven in the third stage of the disease. In twelve instances the mineral acid was given alone; in thirteen cases it was combined, during part of the time, with cod-liver oil. The dose of the acid varied from ten to fifteen minims of the dilute hydrochloric acid of the Pharmacopœia, mixed with peppermint water, and administered three times a day. In three cases it was tried for only a fortnight, but in all the rest it was continued for periods varying from four to thirteen weeks.

Of the twenty-five patients, eleven greatly improved, six slightly improved, and eight received no benefit. Of the greatly improved cases, seven were in the first, two were in the second, and two in the third stage. Of the slightly improved patients, one was in the first, one in the second, and four in the third stage. Of those who received no benefit, two were in the first, one in the second, and five in the third stage.

Sixteen patients gained in weight, eight lost in weight, and in one there was no alteration. The changes in weight were particularly noticed in reference to the cod-liver oil. In six cases, although no oil was taken, there was a great increase of weight (an average of six pounds to each patient); but in all the rest, who either did not or could not take the oil, there was more or less loss of weight. Without reference to the oil, however, those greatly improved were found to have increased in weight, although such increase bore no direct proportion to the amount of improvement, some who had gained the least having been quite as much benefitted as any of the rest.

The improvement was in several cases very marked indeed, both locally and generally; the disease appearing to be arrested, and the patients declaring themselves "quite well." This was especially noticed in three cases, in one of which the disease was already in the second stage; in two of these, no cod-liver oil had been taken, in one this remedy had been occasionally added to the acid. Two other persons, who had actual vomica, also improved very decidedly, the pulmonary secretion greatly diminishing, all the general symptoms subsiding, and the patients ultimately leaving the hospital materially improved in every particular. Of the seventeen more or less improved cases, seven took no oil, while in ten it was occasionally taken in combination with the acid; in two of the latter cases the oil seemed to make little if any difference, but in at least four, it appeared to contribute materially to the general result.

In five of the patients who were obviously benefitting under the hydrochloric acid, the experiment was made of changing it temporarily for an equivalent dose of *liquor potassæ*. In one of these there was no

marked effect, the patient appearing to do equally well under either acid or alkali; but in the other four, the change was more or less prejudicial, the patients unhesitatingly affirming that they were progressing less than when taking acid. Much care was used in making this observation, the patient's own words being in each case recorded.

In very few instances did the hydrochloric acid at all disagree. Now and then a little gastric pain was complained of, but in no case was it necessary permanently to abandon its use. As a general rule, the appetite greatly improved under its administration.

For some months past I have frequently prescribed for phthisical patients the mineral acids in conjunction with gentian and other vegetable tonics; but I became anxious to examine as far as possible the separate influence of the acids. The frequency with which consumptive persons suffer from dyspepsia, the fact that the free acid frequently occurring during healthy digestion is the hydrochloric, together with the well known solvent effect of this acid upon the plastic constituents of the food, pointed rather to it as the proper object of the experiment than to either the nitric or sulphuric acid. I have no reason, however, to think that either of these acids, or the compound known as the nitrohydrochloric acid, may not be equally beneficial; but upon this point I hope to make further observations.

After making due allowance for other influences, so favorably brought into operation at the Consumption Hospital, I cannot help coming to the following conclusions:—

1. That the mineral acids are well suited to a large number of phthisical cases.
2. That the dilute hydrochloric acid especially, in doses of ten or fifteen minims twice or thrice a day, is an important auxiliary to other treatment, and may oftentimes be usefully employed, either alone or in conjunction with other mineral or vegetable tonics.

PUMPKIN SEEDS IN TÆNIA SOLIUM.—Kousso and the ethereal tincture of male fern are certainly very efficacious in effecting the expulsion of the tænia; but practitioners should note the results obtained in Algeria by M. Tarneau, a military surgeon. Free ten drachms of pumpkin-seeds from their husks, pound them in a mortar with a sufficiency of sugar, and add to the paste thus obtained a cup of milk. The patient should be put on very low diet, and be given a small dose of castor oil; on the next morning the pumpkin electuary must be taken at an early hour, and from twelve drachms to one ounce of castor oil two hours afterwards.—*London Lancet.*

A CHILD KILLED WITH SYRUP OF POPPIES.—We have again to record the death of a child due to the incautious and deplorable use of this narcotic. The mother of Jane Davis, aged three months, had given her a dose of this preparation of opium to produce sleep, and the overdose administered caused death. The jury returned a verdict, "that the deceased died from the effects of the syrup of poppies, administered by the mother to procure sleep, and through misadventure." A verdict of manslaughter, with appropriate punishment, in one or two of these cases, might have the salutary effect of checking the pernicious practice.

of narcotizing children, which is so fertile a cause of excessive infantile mortality.—*London Lancet*.

A Case of Ovarian Dropsy Cured by Tapping and Pressure.

SIR:—Having observed that Mr. Baker Brown had been relating three cases of ovarian dropsy that he had brought to a successful issue by tapping succeeded by pressure, at the Medical Society of London two or three weeks since, in justice to that gentleman, I think it my duty to publish, through the medium of your journal, an interesting case I treated according to his suggestions some years since.

C. W.—, aged twenty-four, single, a milliner, of a strumous diathesis, came to me about eight years since, with an ovarian tumor of a moderate size. She was in a tolerably good state of health. I tapped her, and carefully emptied the cyst, which was unilocular. I then applied a firm and well adjusted pad, secured by a flannel bandage, as tight as she could conveniently bear it. I also kept her on a light, dry diet, and gave her alteratives and diuretics for a week. She got up quite well, and continued so for four year, when she left the neighborhood, and I lost sight of her.

I am, Sir, yours faithfully.

—*London Lancet*.

EMANUEL MAY, M.R.C.S.

EDITORIAL DEPARTMENT.

TO OUR EXCHANGES.—We are anxious to get our exchanges bound, and will then keep them where they can be examined regularly by the medical students of the college, and such medical gentlemen as may see proper to do so, for the purpose of selecting one or more to which they may become subscribers. Editors and proprietors must see at a glance, the advantages this may be to them, and will, therefore, see that we get our exchanges regularly. We find that the most costly and important journals are most regular in their arrivals.

Having an associate in the editorial department, we would be pleased to duplicate with such of our cotemporaries as may feel willing to thus exchange.

Commercial Hospital.

With feelings of pleasure we record the fact, that the Commercial Hospital, has at last, by the almost unanimous vote of the law making power, been released from an incubus that hung upon it from its earliest existence, and almost destroyed its usefulness.

No longer does the control of the medical department, by law, belong to the Faculty, of the Medical College of Ohio!—No longer can that honorable body wield an influence upon the seeker after scientific knowledge, by the declaration that, "*we alone can admit you to instruction there!*"—No longer can "*superior advantages*" be expected to do

that, which *talent, justice, and integrity*, should do.—No longer can others be told, that, “if you matriculate with us, we will sell you the ticket,” Justice has opened her eyes and beheld the iniquity, and the monster has fallen—rejoice and be exceeding glad, for now dawns a new era in the history of medicine in Cincinnati; its votaries may expect—equal *rights*, no matter where they belong or whence they come.

We do not wish any one to feel that we rejoice under the impression that the separation of the *Hospital* from the *Medical College of Ohio*, is likely to destroy the latter; not so, we have always maintained that the connection was an injury to the College, and now, since that *prop* has been removed, it may be raised to prominence and independence, provided always, the Faculty be composed of *honorable* material—men of good sense and fair attainments.

We may now look for a *new Hospital*, one too, that will do credit to our enterprising citizens, and afford facilities of a superior order for clinical instruction.

R. R. McILVAINE, M. D.—We are pleased to lay before our readers, the Introductory Lecture to a course on Physiology, by this distinguished gentleman. The subject chosen by the Doctor, for the occasion is, “A History of the Human Intellect,” from its inception to the present time—the various stages of its developments, and the circumstances that combined to produce them. The subject is handled in a masterly manner, and the positions taken are sustained by facts so clearly demonstrated, that no one can fail to behold their beauties, and realize the force and clearness with which every part is represented.

We bespeak for the lecture, a careful perusal, satisfied that those who delight to feed upon scientific truths, happily presented, will realize a rich repast.

ACADEMY OF MEDICINE.—At a meeting of this society, held Monday evening, March 4th, the following officers were elected to serve the ensuing year. President, J. F. White, M. D; 1st Vice President, S. O. Almy, M. D; 2nd do., do., H. E. Foote, M. D; Recording Secretary, C. T. Simpson, M. D; Corresponding do., W. T. Brown, M. D; Librarian, R. R. McIlvaine, M. D; Treasurer, W. H. Taylor, M. D.

*

Dr. Reese on Diphtheria.

In an article upon diphtheria, in the American Medical Gazette, of February, by the editor, Dr. Reese, it seems to us the opinion now maintained by many, that diphtheria and scarlatina maligna are identical, or are produced by the *same materies morbi*, receives decided confir-

mation. The Dr. himself, however, seems to regard them as distinct, and merely states, incidentally, those facts that bear upon their having a common origin.

It will be recollected that in the October number of last year of this journal, in a report of a discussion upon diphtheria, in the Academy of Medicine of this city, in which were embodied some remarks of Dr. Nebinger of Philadelphia upon the same subject, it was endeavored to be shown, that, in the various descriptions we have of the disease, no reliable differential diagnosis could be made out between it and scarlet fever; that nearly every symptom said to be characteristic of it by one, was disproved to be by the testimony of another; that no wider phenomena could be demonstrated as existing between them, than that in one there was an exudation, while in the other there was not. In fine, the object was to establish such a resemblance between the two diseases, as to make it evident they proceeded from the same cause.

Many who consider diphtheria a distinct disease, maintain that it is comparatively of recent date, and that it differs from scarlatina in that, at its onset, there is no febrile reaction, and that, during its course, there is no efflorescence upon the surface of the body. Against these assumptions, these negative characteristics, in addition to the evidence adduced in the before mentioned collated article, we are happy to be able to present the testimony of Dr. Reese, who is high authority in medical matters.

The Dr. in his article alluded to says: "The terms diphtheria and diphtheritis were introduced in 1826, to designate *not* any simple malady, or new disease, but a *class of diseases*, characterized by a tendency to the formation of false membranes upon the dermoid textures, as the mucus membranes and the skin. Until his time, these maladies had been known from time immemorial, by a variety of names, such as *malignant sore throat*, throat distemper, putrid sore throat, angina maligna, &c., which had been recognized alone, or in complication with scarlatina, croup &c., * * * * That it has been familiar to all our older physicians, who have witnessed so many of its epidemic visitations, and been called upon to treat it so often during the last 40 years is notorious. It ought then to be proclaimed everywhere that diphtheria is in no sense a new disease."

In another portion of the article, the following language is used: "Diphtheria is a fever preceded and accompanied by febrile symptoms, attended with more or less prostration of the vital powers. * *

* * The attack may be preceded or accompanied by the characteristic eruption, and other signs of scarlatina."

Dr. Wood in his Practice says, that the malignant sore throat de-

scribed under the name of *cynanche maligna*, is now universally admitted to be a modification of *scarlatina*. (See W's. Pract., vol. 1., 502) Thus, then, according to the description of the disease as furnished us by Dr. Reese, if Dr. Wood, than whom there is no one more eminent in the profession, is competent authority, there can be no further doubt that diphtheria and *scarlatina* are identical, or but modifications of the same disease.

To proceed further, the descriptions of the two diseases, exclusive of the "*peculiar exudation*," are identical. Both are preceded and accompanied by fever of an asthenic type; both may or may not have an eruption on the surface of the body; and in both there is ulceration of the fauces, which may terminate in croup. Indeed, there is *nothing* in which they differ in any respect from each other, more than other diseases, in different instances, differ in their various degrees of intensity, with results corresponding. For example, croup may, or may not, result in the throwing out of a lining membrane into the trachea.

We will also mention before closing this article, that Dr. Reese states that diphtheria is sometimes complicated with *scarlatina*. As both diseases are generally admitted to be produced by a blood poison obtained, probably, from the atmosphere, according to this statement, we will have two blood poisons derived from the same source, operating in the system at the same time. We are inclined to view such an occurrence as absurd.

We hope our readers will review the article which was published in the October number of this journal, and consider what we have said at this time, in conjunction with what is stated in it. There are a number of arguments adduced in it, that space does not permit us to refer to now.

*

A Practical Treatise on Phthisis Pulmonalis; embracing its Pathology, Causes, Symptoms, and Treatment, by L. M. Lawson, M. D. Professor of Clinical Medicine in the University of Louisiana. Visiting Physician to the New Orleans Charity Hospital, formerly Professor of the Theory and Practice of Medicine in the Medical College of Ohio, etc. Rickey, Mallory & Co., 73 West Fourth street, Cincinnati, Ohio. S. S. & W. Wood, New York.

In our last we promised to call attention to this work again, because we had but just received it, and no time was allowed for observation or investigation. We are glad *now* to be able to confirm what we *then*, from our knowledge of the author, supposed to be the case.

The work is divided into four parts:—*Pathology, Causes, Symptoms, and Treatment, of Phthisis*. These parts are each divided into appropriate *chapters*, and the subject matter of each chapter classified and arranged into *sections*. Each section contains a full and clear description of its appropriate subject, with a collection of all that is important to the profession; indeed, we have summed up and arranged for our

benefit, within six hundred pages, including the Author's own views and experience, that which would require the general reader months, if not years, to obtain.

In reading the Author's remarks on one of the *Pathological* conditions, we felt rather "chilly," not because of the *low* temperature of our sanctum, for this is kept up at all times; but because it seemed to suit our case, notwithstanding we have counted upon three-score and ten. In speaking of ANIMAL HEAT, he says, "If we admit the physiological laws that the development of animal heat bears a relation to the red corpuscles, (which are probably deficient in this constitution,) the conclusion will be irresistible that the calorific power is necessarily reduced; and this inference is fully sustained by observation. I have constantly observed in the tuberculous constitution, manifestations of an inordinate sensibility to reduce temperature; and so prominent and constant is this condition, that it becomes, as we shall see hereafter, an important feature in the History of Phthisis. A sluggish circulation, altered blood properties, and weak innervation, will invariably fail to produce the normal amount of animal heat, except when febrile or inflammatory action supervenes. Hence, the characteristic of the tuberculous constitution in this relation, is imperfect development of animal heat."

We hope the author will excuse us for not reading the symptoms—we fear the result, and hurry on to the treatment. The Therapeutics of Phthisis is divided in three chapters. Under the head of Treatment of chronic Phthisis, we have six sections—each section treats a different stage of the disease, as for instance; the Precursory Stage of Phthisis; Stage of Tuberculous Deposits; Softening Stage; Stage of Cavities; Treatment of Incidental Symptoms; and lastly, Complications. *Inflammatory and Acute Phthisis* is treated in the second chapter; and the third takes into consideration, *Special Questions in the treatment of Phthisis*; such as the *Change of Climates, Sea Voyages, Gestation*, and *Topical Medication*. In conclusion, we have the *Prognosis*, which begins and ends with this encouraging language; "We have now passed in review the principal facts bearing on the pathology, causes, symptoms, and treatment, of phthisis; and, in conclusion, what can be said of the *curability* of the disease? Very different opinions exist on this subject. Thus, the general profession, as well as popular opinion, inclines to the view that phthisis, when fully established, is measurably, if not absolutely incurable; while, on the other hand, many of the modern writers take a much more hopeful view of the question."

* * * * *

"Finally, when these palpable evils shall have been abated, and patients learn to seek the aid of enlightened physicians during the

curable stage of disease, the proportion of recoveries will be largely augmented, and phthisis will no longer be regarded as the OPPROBRIUM of our profession."

In conclusion we would remark, that a work of this kind has been wanted by the profession, and no doubt but the physician, who studies it thoroughly, will be much more capable of treating phthisis in its various stages, than he who may flatter himself with the idea, that he knows all that is necessary upon this important subject.

First Annual Report of the Board of Trustees and Officers of Longview Lunatic Asylum, for the year 1860.

We have received this report sent us by our friend, O. M. Langdon, M. D., the superintendent. From an examination of it, we find that the institution, notwithstanding the many obstacles and difficulties that had to be encountered and overcome at its opening, among which was the destruction done the house last May by a tornado, is now in a very flourishing condition. Surely, if any man could render it so in spite of hindrances of a serious character, Dr. Langdon could.

From a description of the building, it must be one of the largest, and most convenient, and best adapted for the purpose, of any in the country. It is said to contain nearly 600 rooms, 56 water-closets, 6158 feet of water pipe, 356 cocks, 500 gas burners. Its entire cost was four hundred and fifty thousand dollars.

Since the opening of the institution there has been received into it, 422 patients. Of these, 296 came from the old asylum at Lick Run, 23 from the Dayton Asylum, and the remainder, we presume, from the Probate Court of Hamilton County. There were remaining November 1st, 334.

Of the 442 patients, there was of acute mania, 64; of chronic mania, 160; melancholia, 26; dementia, 143; idiocy, 29.

We must defer speaking of the institution more at length until another time. We will remark here, however, that there is no man in our midst, who will have the welfare of those entrusted to his care more at heart, than the present superintendent. We know the man, and know that he will spare no pains to promote the comfort, and advance the interests, of those unfortunates under his charge. *

PERSONAL.—Our friend, G. W. Gordon, M. D., called upon us to-day; he is on his way to the "Sunny South," where he expects to spend the balance of his life. The Doctor being a pro-slavery man, thinks he can be "more at home" in the land of his choice, than that of his nativity. Success attend his "out-going."

A Work Every Physician Wants.

SEE THE ANNEXED LETTER OF THE LATE JOHN W. FRANCIS.

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Edited by

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JOHN W. FRANCIS, M. D., LL.D.

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No. 4.

MISCELLANEOUS CONTRIBUTIONS AND SELECTIONS.

For the Medical and Surgical News.

Dr. Comegys on Moral Insanity.

BY J. A. THACKER, M. D., CINCINNATI, OHIO.

In this article, it is not the intention to enter at length upon the discussion of moral insanity, but merely to examine, briefly, a definition of it as rendered and applied in a criminal case, that occurred in this county, by the gentleman whose name is placed at the head of these remarks. The subject is of late assuming much importance from the frequency with which it is being brought forward on trials for crime, and, therefore, it behooves us to let slip no opportunity to enlighten ourselves upon it—to omit no occasion to collate facts, and to carefully study and analyze the different theories advanced concerning it. It is only by such means that we can expect our knowledge of it to increase.

Several months ago at a meeting of the Academy of Medicine, Dr. Comegys, when called upon for a definition of moral insanity, defined it to be, "a perturbed or disturbed state of the life of relation, or in other words, a want of self control, with a full consciousness of right and wrong." (The quotation is verbatim.) He also stated that in a late case of insanity tried in this city, known as the Cain case, he, as a medical witness, testified that a person overcome by excessive grief on account of the seduction of a beloved daughter, so as to be rendered moody, uncompanionable, going about with his head hanging down, and incapacitated to attend to his daily business, should be considered morally insane, as regarded the killing of that seducer on coming into his power.

The first clause of the definition in which it is stated that the disease consists in a perturbed or disturbed state of the life of relation is somewhat *obscure*, but from what follows in the clause immediately

succeeding, we presume is meant the perversion of the natural feelings, inclinations, temper, habits, &c. That such a condition of the moral disposition can exist in an individual, there is no doubt; the every day experience of every one proves it conclusively, and it is in consequence of such being the fact, that makes this world of ours, the world of trouble, sorrow and vexation that it is, and that causes the christian man to continually groan and travail to be freed from its cares, and to constantly long for that blissful abode beyond the skies. *Morbid* inclinations in man, are taught both by reason and revelation; and the latter gives us a very minute account of their origin. It is not taught however, that such are due to any *insanity* of the feelings, but are owing rather, to *depravity* of the human nature.

But that we may better decide upon the correctness of the definition, let us examine to some extent into the mental phenomena of man. The mind of man is divided into three departments,* namely: the intellect or understanding, the sensibilities, and the will. In the first division are ranked the cognitive and perceptive faculties—their product being intellection; in the second we have the different emotions passions, and desires; while the third comprehends the executive powers. Although the will is placed above, and over the other departments of the mind, and appears to control their movements, yet they seem to afford it the promptings to action—some emotion, desire, or sense of obligation being necessary to excite a volition.

The sensibilities, through which the will obtains its direct stimulus to action, may be divided into natural and moral. The first are common to man and the brute creation, and have their origin to a great extent, if not altogether, in the physical system. The moral sensibilities are of a higher order, and are possessed by man alone; they seem to have been implanted in him for the purpose of rendering him more than a mere selfish being—a mere seeker like the animal, after his own gratifications, In proportion to their development in the individual, the nobler is his nature, and the higher are his aims,

In a *perfectly* regulated mind, we have the three departments of the mind acting in harmony—acting in a manner that will conduce to the welfare of the individual, as a mere physical creature, and as an intellectual being. The intellect, in the performance of its cognitive and perceptive functions, will arouse the will through the natural sensibilities to the requisite exertions for the preservation of life, and for the obtainment of necessary comforts; and after this has been accomplished, the moral emotions will operate for the cultivation of all the higher virtues, and of all of those influences, that tend to ennoble the man. Although time enters to some extent in these various processes, yet it

* See Upham.

must not be understood that one action does not commence until another ends. Indeed, many of them seem to be carried on simultaneously.

But are we to suppose that when the different departments of the mind do not act in harmony—do not properly balance each other, that insanity exists? By no means; for were it so, the vast majority of the human family would be considered non compos mentis. Indeed, there is probably not a person in existence, in whom some department of the sensibilities are not liable to operate in excess. The Bible teaches, and reason and observation testifies to the truth of it, that the flesh is constantly warring against the spirit, and that if it were not for divine grace, the spirit would be led away captive. Not that the individual would become morally insane; but that the natural emotions would acquire such supremacy over the moral sensibilities, the latter would be overcome, and the will, from her high throne, receiving promptings from no other source, would keep the intellect employed to afford objects for every lustful gratification. In fine, the heart would become *depraved*.

The emotive part of human nature in all its various ramifications is exceedingly prone to aberrations. So much indeed is this the case, that much of our time is expended in undoing, what, through it, we have done amiss. But notwithstanding we are thus frequently led astray, and that, too, seemingly in spite of ourselves, consciousness still tells us that we are accountable—still makes us feel that we are justly responsible for our errors.

If such a condition as moral insanity does exist, which I will not now stop to affirm or deny, I assert confidently that the definition of it of Dr. Comegys, fails to describe it. In the illustration upon which it is based, the psychological student will certainly discover no elements of insanity; but only the will borne along, as it were, per force, to the commission of an act, by the passions being excessively wrought upon by a sense of a terrible wrong endured. Indeed we have merely exhibited to us an instance of strong emotional excitement—the commission of an act prompted by the natural emotions, while the higher or moral feelings were in a state of suspension, and not in a morbid condition.

Many, who are believers in moral insanity, and are either forgetful of, or wilfully overlook the acts of a Nero, assert that the homicidal maniac commits his deed, "without any motive whatever strictly deserving the name;" but in the case given by the Dr., there was not only a motive, but a very powerful one;—a motive that would have impelled two out of three to the same deed, who did not feel in their hearts that "vengeance is mine saith the Lord." Indeed

many such would consider themselves recreant to the highest sense of duty if they did not obey the impulses of instinct under such circumstances. Why, then, in the name of common sense, should we consider such persons *morally insane*. If it would be unjust to make them suffer the penalties of the law, amend the law so that they may escape; but do not bring the noble science of medicine into ridicule by imputing insanity to him, who, as is evident to all, has only yielded to the strong instincts of nature.

The moodiness, and incapacity to attend to business that existed in this case, does not by any means imply insanity. Such a condition in an individual, can be considered but the natural result of a sense of a terrible misfortune having befallen him; and would rather show that his feelings were keenly alive to the full appreciation of it. If Cain therefore, was guiltless of crime, by reason of insanity, then are all men at different periods of their lives, and those not a few, rendered irresponsible.

Law deters men from crime, by exciting an emotion of fear of punishment, which operates not only upon the depraved by antagonizing their evil propensities, but powerfully restrains those, whom passion has, for a time, obtained control—in whom the natural emotions seem to have gained an ascendancy over the moral. To free men, then, from responsibility under strong emotion, will be, to that extent, to destroy the salutary influence for which law was intended.

For the Medical and Surgical News.

Diphtheria.

BY C. K. EARLY, M. D.

FRIEND BAKER—Although I do not wish to trespass on the columns of your valuable journal, yet it may not be amiss for me to add a little of my experience in that much dreaded disease, Diphtheria. It has prevailed here for more than three months, to an alarming extent.—Commencing about the last days of October or the first of November, and continuing, in an epidemic form, up to about the 15th day of February. During this time, I treated four hundred and eighty-nine cases.

It passed over a district of country about twenty miles in length and fifteen miles in width, leaving scarcely enough unattacked to attend to the sick. It continues to some extent at this time; I have some ten cases, but it appears to be declining rapidly. I have kept no record of cases since the 15th of February. During last Oct. I met with the first cases that I had ever seen of the disease, and consequently my *knowledge of it* consisted in what I had learned from the various

reports I saw in the Journals. I treated my first case, a young man nineteen years of age, with local applications to the throat; and in a few days the membranes disappeared and my patient (as I thought) was well. He had a good appetite and walked about the room. But two days after I was called again, to see him breathe his last. This aroused me, and I at once adopted a constitutional treatment, which I have followed up steadily to this time, and have had, as yet, no reason to regret.

My constitutional treatment is Quinia from the first, in the majority of cases, in large and repeated doses; say every two hours. Chlorate of Potash in solution of 3iv to pint of cold water, of which I give to an adult, a tablespoonful every hour or two. Tinct. Ferri Chlor., I have used also after a day or two, either alone or combined with Quinia.—Locally I use Iodine dissolved in Spts. Camphor—strength varied as circumstances require. I apply it by means of camel's hair pencil to the membranes. I also order a gargle of Chloride of Sodium or the Chlorate of Potassæ.

I have found but very few cases that Mercury was called for; and I think it does more harm than good in the majority of cases.

The result of my course of treatment is as follows:

No. of cases treated by the above plan.....	489
Proved fatal.....	5

The duration of each case varied from four days to six weeks. The most obstinate cases were those that came on very gradually and to appearances were not much sick. In all cases where the attack was severe and sudden, it yielded at once and without trouble. I believe that the fatality of the disease depends in a great degree upon the humbug cures, noticed in the newspapers, said to be produced by local treatment, which persons are induced to use; thus the patients are debarred from using such remedies as they require until it is too late.

Kersey, Elk Co., Pa., March 5, 1861.

For the Medical and Surgical News.

Interesting Case of Labor.

A. H. BAKER:—Mrs. M. aged forty-five, in her thirteenth labor, March 16th 1861. Found her with pulse one hundred and twenty. Pain occasionally, abdomen very pendulous and hard; *exam. per vag.*, revealed os dilated, filled with bag of waters, presentation not within reach. By compressing abdomen head presented, when membranes ruptured discharging 2½ gall. liq. *amni.*, followed by a dead fetus of 2½ lbs. The funis being tied and divided, I ascertained it to be a twin case. The bag of waters descending as at first. The head of second fetus presenting, membranes ruptured by finger nail, a full gall. of

liq. *amni.* escaping, also a foetus of $4\frac{1}{2}$ lbs.; lived thirty-four hours. Now in this case there was only one placenta; one funis attached to centre, the other at the edge. Each child was preceded by bag of waters in all $3\frac{1}{2}$ gallons, no perceptible division in placenta. The old lady is doing very well.

WM. J. W.

Harris, Gallia Co., Ohio, March 22, 1861.

The Last Sickness of General Washington, and its Treatment by the Attendant Physicians.

BY JAMES JACKSON, M. D.

Attached to the life of Washington, by Mr. Everett, is a memoir, drawn up by Dr. James Jackson, of Boston, upon the last illness of that distinguished man. In the language of the writer, "the circumstances of his short disease, its character viewed scientifically, and the treatment adopted by his physicians, have all been ascertained and discussed; and the remedies employed have been spoken of by some persons in terms of strong reprobation."

Though complaining of sore-throat and hoarseness on the 12th of December, 1799, it was not until the following night that the symptoms of Washington's illness became severe. He then had a chill, followed by a great difficulty in breathing, speaking, and swallowing, symptoms which continued until the following night, that of his death. The breathing caused him most distress; the more because his strongest efforts were insufficient to supply his lungs with as much air as his system had need of. He was in fact strangled by the closure of the windpipe, as much as if a tight cord had been twisted around his neck.

Acute laryngitis is rare; it had not at the time of Washington's death, been clearly described, so as to be distinguished from other diseases about the throat. About 1810 it was first brought into notice, and distinctly described by Dr. Matthew Baillie, of London. After detailing for the popular understanding pathological changes occurring during an attack of acute laryngitis, the causes of obstruction of the upper parts of the respiratory and digestive apparatus, and the mode of death, Dr. Jackson proceeds to consider the treatment of this alarming disease.

It has been thought by many persons, medical and non medical, that General Washington was not treated judiciously; and some, perhaps, believe that, by a different treatment, his life might have been preserved. He was bled, he was blistered, and calomel and antimony were administered internally. The best teachers at the present day recommend bleeding and blistering. In addition, the English teachers advise the use of mercurials carried to the point of salivation, and our own did the same until very lately. Some of them, perhaps, do it now. Some, if not many, would add antimony and opium to the calomel, or other preparations of mercury.

The chance of success of blood letting in acute laryngitis is great in the very beginning of the inflammatory process; but it is less the later the period at which the remedy is employed. There is not, however, any other measure by which effectual relief is so likely to be produced. But who would advise the active treatment requisite for

this purpose in every case of a *hoarse cold*, which is the first stage? There is no doubt that every discreet man would choose to incur the slight hazard of the severe disease, rather than resort to a copious bleeding every time he had a hoarse sore-throat.

In Washington's case, the first stage was of short duration. Bleeding was resorted to early, by his own direction. But that bleeding was nominal. His wife objected to it, because the patient was old, and it had not been prescribed by a physician. When Dr. Craik reached him, some hours afterward, he prescribed a new venesection. Calomel and antimony were given him, but there is not any reason to believe that they were given in large doses; though Dr. Craik and his coadjutors have been reproached on this score. In 1799 the use of mercurials in inflammatory diseases was very rare in Great Britain, though it was very common in this country. At the present day the reverse is true.

We fully concur with Dr. Jackson in his defence of the reputation of Mr. Craik and his medical friends, that they did as well, at least, as any of their critics would have done in the like case.—*North American Review*.

What Shall We Read.

A facetious professor in one of our medical schools is accustomed to give the following as his parting counsel to the graduating class:—"If you find leisure to read during your first years of practice, select novels in preference to medical journals." This admonition is generally received by the students as one of those broad jokes for which its author is so greatly distinguished, and is no further heeded. But that the advice is seriously given, is proved by the fact that the professor himself strictly adheres to it. His library is entirely free from this dangerous class of publications, but abounds in yellow-covered literature of every description. During the past year the professor's theory was put to a practical test, and the sequel furnishes a lesson which we wish to impress upon the recent graduates, upon the general practitioner and finally upon the teachers in our medical schools. A question arose in the profession, as to the propriety and possibility of a given operation in which this professor has taught in a manner peculiarly his own for a score of years. Now, as often happens, this operation had been discussed almost entirely in the medical journals, and many of the well recognised authorities had therein declared the operation practicable and proper. The enquiry was made of this devotee of novels, whether the operation was approved by any responsible author, to which he returned an emphatic, No! The correspondence was subsequently published, and the profound ignorance exhibited of the well known improvements in the branch which he was teaching, has rendered the position of the professor truly unenviable.

It will doubtless seem quite superfluous to those who habitually read our best periodicals, to urge the importance of this class of publications, and their claim upon the profession. But whoever will institute a careful enquiry as to the number of medical men who, even if they subscribe to, and pay for a medical periodical, read it with care and attention, will be astonished at the result. He will find that few, comparatively, *really profit by the journals which they may happen to*

take, and the proof of the fact will be seen in the practice of the individual. For those who read with interest our best medical journals are invariably found to be the most successful practitioners, and *vice versa*.

But this indifference to medical journals is not confined to the general practitioners; the person alluded to in the opening paragraph of this article, is the type of a class of public teachers, who move in an atmosphere never tainted by such publications. They discard all new-fangled notions, as they style the improvements and discoveries first laid before the profession through this medium, and annually repeat to their classes, the old and often obsolete theories which they themselves learned when students. These teachers are by no means exceptional, even in our most flourishing schools. We have listened to lectures on surgery, medicine, obstetrics, within a few years, not a whit in advance of the age of Hunter, Cullen, and Denman. Is it not time that this class of professors were supplanted by men who are capable of teaching these branches in the light of modern science? The question has been asked in our columns:—At what age does a medical man become unable to keep pace with scientific discoveries, and at what age are Professors in our medical colleges no longer competent to instruct classes in the latest improvements of the day? we shall give to both queries one answer: when a medical man reaches an age where his self-conceit leads him to believe that he can learn nothing from medical journals, he is no longer able to keep pace with the progress of medical science, or to instruct classes in the latest improvements.

In view of these facts, therefore, and of the deliberate advice given from professional chairs, we deem it our duty at this time to enter a plea in behalf of medical journals, as the proper reading of recent graduates, of established practitioners, and even of the professors in our medical colleges.

What is the proper office of a medical journal? Undoubtedly it is to be the medium of communication between the members of the profession. Such a medium is now recognized as essential to the progress of every science and every art. It stimulates to active effort, not only in research, by the constant attrition of minds engaged in a pursuit, but to the practical application of principles and newly discovered facts. It performs in this respect, to the profession at large, the same office that a local organization does to the few, being the medium of mutual improvement and encouragement. The advantages of a medical journal to the general practitioner, who has to grapple with the stubborn facts of every-day practice, are incalculable. They have not unfrequently contributed to his immediate success, by giving him timely information of new and important discoveries. Many of the most valuable methods of practice introduced to the knowledge of the profession within the last five, and in some cases even ten years, have not found a place, as yet, in practical treatises, but must be studied in the original journal where the paper first appeared. It is indeed, a common remark that the physician who keeps pace with the improvements in his art, must be a careful student of medical periodicals.

Again, the medical journals fulfill another, and not less important mission. They elevate the tone of professional morality; they cultivate a just and liberal criticism; and finally, they establish a higher stand-

ard of attainments. In this view, we welcome the appearance of new and well conducted periodicals in distant localities, and regard them not only as evidences of the progress of legitimate medicine, but as safeguards against the bickerings of individuals and the encroachments of quackery. And we take this occasion to urge upon physicians living in localities where such publications exist, the duty of sustaining them liberally, both by literary and pecuniary contributions.

Finally, they tend powerfully to unite the profession in a common brotherhood for the attainment of those rights and privileges, whether social or political, which are due to legitimate medicine. The triumph of the British medical profession in obtaining the enactment of laws designed to establish it upon a firm legal basis, is a striking proof of the power of medical periodicals to concentrate its sympathies and influences. No country has greater need of such publications than ours, and in no country may they exert a more salutary influence. With free institutions susceptible of infinite modification, the medical profession forming a most respectable element in every community, however remote, may wield a power of unlimited extent. This power it is the province of the Medical journals of this country to organize and concentrate for the accomplishment of such objects as tend to elevate and ennoble the profession, and advance the best interests of society.—*American Medical Times.*

A Fact for Medico-legal Science.

BY SAMUEL R. PERCY, M. D., OF NEW YORK.

A short time ago I was sent for, to see one of my lady patients. She had a baby about four months old. After her confinement with this baby, she was up and about the room on the eighth day, attending to her two other children, who were very sick with scarlet fever. In consequence of this attendance she had not recovered her strength, and had the symptoms of prolapsus uteri and ulceration. Upon vaginal examination I found congestion and other difficulties, which I proposed to treat; but it was considered best both by her husband and herself to postpone the treatment, as on the next week he would leave home to be absent two or three months. On the Monday following, he left but she did not call upon me until a week from the day following. Upon an examination with the speculum, I found a mass of what I supposed to be muco-purulent matter proceeding from the os uteri. Wishing to ascertain its character, I immediately examined it with a microscope, and was surprised to find that it was semen; and that it contained living spermatozoa, and many dead ones. Communicating in a proper way, my discovery, I questioned her as to the time of her last intercourse with her husband. It was on the Monday morning before leaving, nearly *eight and a half* days previous. I would stake my reputation on her honor.

Knowing that the zoosperms of the frog are frequently found living days after the animals death, and even when it has been frozen, I can conceive no reason why human spermatozoa may not retain their vitality for some time, especially when protected by warmth, and placed in the situation where nature designed them. But to test this matter, I placed some *semen* in the lower part of a piece of moistened mem-

brane (such as is frequently used) and tied it, and placed it within the vagina of a mongrel slut; upon removing it on the sixth day most of the zoosperms were possessed of vitality, though there were many dead ones.

This fact may have an important bearing in a medico-legal way. Although the law gives ample margin, public opinion and jealousy look upon a pregnancy prolonged beyond the ninth month, as of very questionable legality. We here see, however, from fact, the possibility of exceeding two hundred and ninety days.

There are some few physicians who believe that no conception can take place unless the semen is thrown by the male directly within the os uteri. It is needless to enter into discussion on this question, for one fact to the contrary is as good as any number to prove its incorrectness. I can give three cases that have come under my notice within the past month, and many others, if necessary, of older date. A gentleman, whom I have known for some time, lately showed me his penis, which was sore with a herpetic eruption. The urethra terminated a little below where the frænum is in other persons, the gland bulging out quite prominently beyond it, and rendering it impossible either to urinate straight forward, or that the semen should be propelled in that direction; a small fold of frænum also, which appears to be a rudimentary affair, stretches across the orifice, making it necessary for him to be careful in urinating, or the urine returns backwards upon his person. This gentleman has three children, and two of them are like himself. I have seen, within the last month, two young females who are pregnant, with unruptured hymen. The hymen in both instances is dense and perforated, in one instance with two, and in the other with three small holes, not larger than a crow's quill. I do not mention these as being unique, for there are many on record.

¶ In view of the late numerous experiments and discoveries of Mantegazza upon the zoosperms of man and other animals, this single fact which I have narrated is interesting.—*American Medical Times*.

Rapid Labor.

SIR,—Should you consider the following case sufficiently interesting in a medico legal point of view, it will give me pleasure to have it recorded in the pages of THE LANCET.

Very lately I was called to a woman who had given birth to a child. On arriving, I found her in bed, and a full-grown child (her second) beside her. Twenty minutes before, she was standing on the floor, aware that she was about her full time, but having had no warnings of labor. Suddenly she felt "a cramp in the stomach," and the child dropped at her feet. She had no pain after the birth of the child, but I found the placenta close to the vulva, though so tightly grasped by the vagina that I had some difficulty in extracting it. There was no hemorrhage from the ruptured funis, and little or no blood about the person of the mother. The woman was young and healthy, and made a rapid recovery.

I am, Sir, yours, &c.,

S. WORDSWORTH POOLK, M. D.

Birmingham Lying-in Hospital.

SIR,—It is with much pleasure I read the account of rapid labor contributed by Dr. Poole in your last number, and if you think the following worthy of a place in your journal, you are welcome to it.

Two years since, I was brought to a tailor's wife, about three minutes walk from my residence. She went to bed perfectly well at half-past ten P. M. without having any symptoms of approaching labor. She slept soundly till two A. M., when a slight pain in the abdomen awoke her. Five minutes afterwards, she had a stronger pain, which expelled the fœtus. I was then sent for, and on my arrival the child had been born ten minutes. The woman being in bed, the funis was not lacerated, but the placenta was disengaged, and in the vagina. The patient made a good recovery. The child, a large one, was at its full time, and to the best of my knowledge, is still alive.

I am, Sir, your obedient servant.

J. C. B. SMALLMAN, M. D.

SIR,—I see recorded in your journal two cases of rapid labor; will you allow me to mention two which have happened in my experience?

About eleven years since, while officiating as surgeon to an emigrant ship, I was summoned from the deck to a female passenger who was taken in labor. Before I could get to her, or she could be removed to the hospital cabin of the ship, the child was born; and at the time I saw her she was standing with the child (a small one) hanging between her legs. There was no hemorrhage, and both the mother and child did well.

The other case occurred about three years since. I was called to a patient residing scarcely a stone's throw of my house, about twelve o'clock one night. When I arrived, I was told that she and her husband was sitting by the fire, when, without any previous warning, both child and placenta were expelled on the hearth-rug. The babe was living, and the mother who had been immediately removed to bed, recovered without any untoward symptom.

I am, Sir, your obedient servant,

HENRY TAYLOR, M. R. C. S.

Inworth. Jan. 1861.

SIR,—Having read two extraordinary cases of rapid labor reported in your journal,—one by Dr. Wordsworth Poole, of Birmingham, and the other by Dr. Smallman, of Liverpool,—perhaps you will be good enough to spare me space to narrate a similar case which happened to my own wife.

On the 4th of October, 1850, my wife retired for the night at eleven o'clock. She had not been in bed more than a quarter of an hour when she experienced as she said a slight pain in the stomach. I got up to procure a light, feeling convinced that her labor was approaching. I hurriedly attempted to dress myself for the purpose of calling my groom to ride to Canterbury for Mr. Major, a distance of three miles and a half, as I had engaged him to attend; but her pain increasing so much and so quickly, she begged me not to leave her. I then called my servant-maid to run for the nurse, who was then living not more than three hundred yards off; but before she and the servant arrived, I had the infant nearly dressed—a fine boy, who is now running alone. The whole process of labor, including the expulsion of the placenta, was

under a quarter of an hour by my watch; and my wife had no unfavorable symptom of any kind and was up at the end of a fortnight as though nothing had occurred. She has many times told me that she did not know what labor was. Her age at that time was thirty-nine. With her first child, in 1857, she was not more than one hour in labor, from the commencement to the termination. I think it right also to mention that the length of the funis of the second child was four feet two inches.

I am, Sir, yours truly

GEO. SELWYN MORRIS, D., M. M. R. C. S.

SIR,—The attention of your readers having been directed to the above subject, by reports of cases in the late numbers of your journal, leads me to believe that the following case, from its medico-legal bearing, may not be unworthy of record:—

On the 22d ultimo I was summoned in great haste to a patient, who had requested me to attend in her confinement. The messenger informed me that the child was born. On arrival at the house, I found the patient in bed, and the placenta just expelled. A binder having been applied, I received the following account of the circumstances of the case:—She had been moving about as usual through the day, and feeling some pain in the back and belly, took half an ounce of castor oil, believing that she was three weeks from the time of her delivery. It was her first child, her age being about twenty-eight. Soon after taking the oil she felt an inclination to go to stool, but voided nothing. This was repeated two or three times, the patient going each time to an open privy. On the last occasion she felt something come from her, and hearing the child cry, called for assistance. Her mother and others were at hand, and soon removed the patient to bed, while the child was extricated from its uncomfortable birth-place. The funis was ruptured about eight inches from the foetal abdomen, and little or no hæmorrhage had occurred. A warm bath caused it to cry vigorously and, although of small size, it appeared at or near the full period. It survived about forty eight hours.

Had this patient been unmarried or of doubtful character, and the child dead, I leave your readers to conclude what the inference might have been, and what the result of a coroner's inquiry.

I am, Sir, your obedient servant,

GEO. R. BARNES.

Dukinfield January, 1861.

SIR,—*Apropos* of the interesting cases of Rapid Labor contributed to your journal is the following, which occurred in my practice several years ago:—

Mrs. H——, residing in Deptford, sent for me at seven A. M., and stated that, though she had no pains, she had a slight discharge, and she felt sure that labor was approaching. When it came on, she said there would be no time to send for any one, as in her previous labor the pain which brought the child into the world only awoke her. I had been with her but a few minutes, and while she was relating her case, a very severe and prolonged pain came on, allowing us scanty time to *get her on the bed*, and expelled the child and placenta. But the pain

she suffered from severe uterine contractions for an hour or so afterward was equal in intensity to any labour.

Yours, &c.,

J. J. CREEGEN, M. D.

Rotherhithe, January, 1861.

London Lancet.

Inversion of the Uterus.

As the subject of the inversion of the uterus occupies considerable space in the two last numbers of the *Medical Times*, and it being one that ought to be understood by the young practitioners as well as the old, I ask permission to relate a single case, which will embrace all the experience I have had in a practice of over forty years.

About seven years ago, I attended a young lady, in labour with her second child. The action of the uterus was slow, and for some time inefficient. After the birth of the child, I waited a suitable time for the spontaneous expulsion of the placenta. I then seized the cord, made a gentle, oscillatory motion, as had been my custom in many cases; also gently pulling by the cord. I found, to my great surprise, that the placenta, womb, and all had slipped through the vagina; the uterus was completely inverted, with the placenta adhering all over the fundus. As this was the first and only case that ever occurred in my practice, I had not much to guide me in its management. I separated the placenta, which was very soft and tender, with my hand, being careful to remove every particle of it. The uterus, in its inverted state, felt like very soft silk or velvet, and was perfectly round in shape.

I returned the uterus by making a dimple or indentation at the fundus with the ends of the fingers brought together; and finally with the hand in a conical form, made gentle and firm pressure, not withdrawing the hand till the uterus was in its natural place, and every inequality of the internal surface removed. This patient, after being confined the usual time by child-bed sickness, recovered without any bad effects or inconvenience, and afterwards was the mother of other children.

In regard to the causes of this case of inversion, my impressions were, at the time of the occurrence of the accident, that the labour being somewhat protracted, reduced, in the first place, the strength and elasticity of the uterus itself, as well as the adjacent parts; then the inversion was produced by the weight of the placenta attached to the fundus, together with the pulling by the cord, although less force was practiced in this than in many other cases. These circumstances combined might have been sufficient cause for the inversion and displacement of the organ.—*American Medical Times.*

Rupture of the Uterus During Labor.

BY J. H. WARREN, M. D., DORCHESTER.

Mrs. Colley, aged about forty years, Irish, of sanguine temperament, was attacked, in her second labor, at 2, A. M., Dec. 7th, 1860, with very severe pains, which continued until the 9th, when I was called very early in the morning. Upon inquiry, I found that the rupture of the membranes had taken place soon after the commencement of the labor pains. The quantity of the liquor amnii was very large, judging by the amount upon the bed clothing and floor. Upon examination,

I found a natural head presentation. About 10, A. M., as the pains diminished and the patient was inclined to doze, I left her to make other calls. At 3, P. M., I again visited her, and found her in very severe pain, and was told that she vomited just before I came in. The pains continued to increase in severity up to 6, P. M., without any advancement of the child, and on the access of a very violent pain, accompanied with vomiting, she said she felt something "give way." The pains greatly diminished, and gradually ceased; but the vomiting continued until she began to doze again. I now desired a consultation, when my friend Dr. Cushing was called. We decided to turn and deliver by the feet, which was readily done. Owing to a malformation of the pelvis, we had recourse to craniotomy, and delivery was accomplished, but not until the size of the head was diminished to that of the fist.

The antero-posterior diameter of the pelvis was $2\frac{1}{2}$ inches; lateral transverse, $3\frac{1}{2}$ inches. This malformation of the pelvis was still further augmented by the linea ileo-pectinea in transversing the pubes forming a very sharp prominence. After delivery, the patient seemed much exhausted, with nausea and vomiting of a substance like dark coffee-grounds. To produce uterine contraction, the hand was introduced, and a rent was found sufficient to allow the passage of the hand through the opening, so that the fingers were very easily felt through the abdominal parietes. The rupture was in the anterior portion of the uterine neck and os, and rather obliquely upon the left side.

Treatment.—Sol. sulph. morphia was ordered to be taken freely. When we left the patient, the pulse was about 50 per minute, with much exhaustion and cold extremities, and little hopes were entertained of her recovery.

Dec. 10.—I found the pulse 70; the countenance had a cadaverous expression. The abdomen was as large as before the delivery. She continued to vomit a dark fluid. The morphia was continued, and the following external application was made to the bowels: R. Tr. opii, 3 ij. tr. saponis c., 3 i.; ol. terebinth., 3 ij.; ol. camphorat., 3 i.; aqua Cologni, 3 iv. M.

11th.—Countenance much flushed; pulse 98. Acute metritis has set in, with its customary amount of fever. A hard mass, giving a gelatinous impression to the hand, as of coagulated blood, was felt in the epigastric region. Vomiting of the same dark fluid, intermixed with purulent-looking bodies.

12th. She still has pain in uterus and abdomen; pulse 110, thread-like, or the peculiar pulse which generally accompanies peritonitis. Vomiting continues. The bowels move freely—the evacuations of a dark bilious character.

13th.—Pulse 90; fever and inflammation somewhat abated in severity. Same treatment continued. Has vomited twice since my visit yesterday.

14th.—Pulse 88, more regular; tongue still coated with a light brown coat. Ordered castor oil, one ounce.

15.—Pulse 85; less fever and inflammation; the hard mass in the epigastric region diminishing; has slight discharges from the vagina, containing some pus. Oil operated.

16th.—She is in a moist perspiration; pulse 80. Continue the bandage, with a napkin wet in external application.

17th.—continues to improve; pulse 78, natural. Asks for something to eat; toast-water and gruel given.

19th.—Much improved; sits up ten minutes in bed.

23d.—Sits up thirty minutes in bed. Takes beef-tea, toasted bread and tea.

28th.—Up in a chair. Good appetite; takes broths and porter or ale.

30th.—Feels well, she says, except a slight cough.

Thirteen months previous to this confinement, I attended her with the first child, which was delivered by turning and craniotomy. This case will illustrate how much nature is capable of doing in the process of recovery, with the aid of little medicine. Accidents of this kind seldom do well, but cases are on record of patients recovering from them and subsequently giving birth to living children; they are very rare, however.—*Boston Medical Journal*.

Surgical Operation for Vesico-Vaginal Fistula.

BY EZRA P. BENNETT, M. D., OF DANBURY, CONNECTICUT.

Last summer my son, Dr. Wm. C. Bennet. removed through the vagina, a large calculus from a lady in an adjoining town. The stone was of the size of a large hen's egg, and consequently the opening in the bladder was correspondingly large. The opening did not heal, and in this we were not disappointed. About three weeks ago, I operated upon her for the closure of this fistulous opening, and with complete success. The simple, interrupted suture of silver was used, six or seven being introduced. On the eighth day the wires were removed, and complete union was found to have taken place. In just two weeks she went home as tight as a bottle, and as happy as she well could be. It has been suggested that the better way in such cases would be to remove the calculus, and then close the wound immediately by the sutures, but I do not think such a procedure advisable, for two reasons. 1st. The mucus coat of the bladder in this case was much ulcerated, and would not probably have united. 2d. By waiting, the opening becomes much smaller, and the parts healthy, and the chance of success, therefore, much greater. In perfecting this operation, Dr. Sims has conferred a great blessing on suffering humanity, and I regret to see that any one should for a moment so far forget himself as to wish to rob him of one iota of his well-earned fame. Although improvements may be made in the mode of operation, the principle is Dr. Sim's, and his alone. I am not, however, at present disposed to admit that any real improvement has been made over Dr. Sims at all. Honor to whom honor is due.—*American Medical Times*.

A Case of Purpura Hæmorrhagica.

BY W. H. BUTLER M. D. EAST SAGINAW.

In the March number of the *Buffalo Medical Journal*, for 1859, Vol. 14, p. 592, I reported a case of this disease, which was preceded by a scurfy desquamation, (in that case on the neck,) a circumstance, I think, not generally mentioned by medical writers. I have now to report another case, occurring in a female child, five months old, which commenced in like manner. The child had been brought up on the

bottle; the mother, a pale and rather delicate woman, never once having been able to nurse it. It was pale and feeble from birth, no food agreeing with it, but a few days at a time. Its principal sustenance had been arrow-root boiled in water; cow's milk in any form disagreed, and had to be abandoned.

Dr. J. B. White, of Saginaw City, whose patient it was, called me to see it, September 20th, when it was suffering, as it had been almost from birth, with diarrhoea and vomiting, and was also teething. A few days after my first visit it cut its first central incisor on the lower jaw, and the others seemed to be rapidly coming forward. Various remedies were unavailingly tried for the diarrhoea, which vacillated between better and worse, until October 3d, when it was remarked that the child had a scurfy eruption under the right ear, involving part of the neck and cheek, and that it had purple spots on the feet. I saw the child on the fourth, and had no question of the nature of the difficulty. Spots were on the feet, legs, back, arms and head.

Dr. White, the day before, as a dernier resort, had lanced the gums over one or two of the teeth, and the cut surface had bled considerably during the afternoon and night; for this tannin and nit. silver, had been applied in vain. Blood had also flowed from the vagina. At the time of lancing the gums, the purple spots had not been observed.—Suggested gallic acid internally, with perchloride of iron to the gums, brandy and such other nourishment as had been used, rice-water, corn starch, &c. It was impossible for the child to keep anything down more than a few moments, and only by the most assiduous care of the mother was it kept alive; for to this source we must attribute its lengthened existence. Death came October 7th; it was then five months and two days old. We were not permitted to make a post mortem to determine whether the spleen or kidneys were affected, as in other cases, but we noticed externally spots on both feet near the ankle, an inch or more in size; these were of blue, with a purplish tinge. Quite a large one across the back by the shoulder-blades, another near the hips; the centre of the latter had a bright-red look. The abdomen was thickly interspersed with pale freckly-appearing spots, from the size of a pin's head to an eighth of an inch in diameter. There were also spots on the left side of the head and under right knee. The spots of effused blood were rather limited in number, and none were of much extent. It has never been my lot to see so peculiar a corpse; it had the cold, bloodless look of the whitest marble; even the margins of the lids and lips had the same white look that strikes you as the most unnatural part about a marble statue. Every portion save the occasional spots, bore more the look of art, than either animate or inanimate human flesh.—*American Medical Review*.

AMERICAN MEDICAL ASSOCIATION.—The fourteenth annual meeting of the American Medical Association will be held, in Metropolitan Hall, city of Chicago, commencing on the *first* Tuesday in June next.

Each regularly organized Medical Society is entitled to send one delegate for every ten of its members; and each Medical College is entitled to two delegates. It is desired that the names of delegates should be forwarded to the undersigned, as soon after their appointment as practicable.

H. A. JOHNSON, Assistant Secretary.

—*Medical and Surgical Reporter*.



Pathology and Treatment of Diseases of Menstruation.

BY ALFRED B. TUCKER, M. D., SAVANNAH, GA.

There is probably no class of diseases which so completely and continually baffle the skill of the physician as those named at the head of this article. The remedies used are those supposed to possess an influence over the uterus; and menstruation itself is looked upon as a physiological function of the womb, no *practical* attention being paid to the cause of the discharge, though physiology has left no doubt as to the relation existing between the various parts of the procreative system.

Now, it is an acknowledged fact, that the *ovaries* are the organs mainly concerned in the function, the womb itself having no more influence on it than the bladder has upon the function of the kidney, though we would not be understood as asserting that the womb is like the bladder, merely an outlet for the secretion. The secretion takes place in the uterus; but, as I say, in another place, it is merely the result of a reflex act, originating in the ovaries. At each recurrence of the twenty-eighth day, an ovum matures and bursts, and synchronous with this the menstrual flow takes place. It is purely a reflex act; why it should follow the maturation of the ovum, of course we cannot tell any more than we can account for the effusion of the bile or pancreatic juices upon the presence of chyme in the intestines. But it is nevertheless true; and before puberty, at which time the maturation of the ova first takes place, menstruation does not occur; and after this maturation ceases to be effected, menstruation ceases.

Again: this bursting of the ova does not take place during either pregnancy or lactation, as a general rule, nor does menstruation occur during the same periods.

If abortion should occur, it does so at a regular recurrence of the menstrual period, unless such miscarriage should be the result of traumatic causes. And labor, unless brought on by the last mentioned causes, occurs at the end of 280 days, which is a multiple of 28, the regular period of menstrual return.

Again: menstruation, abortion and regular labor, are accompanied by severe pain in the back, near the seat of the ovaries, and I think, it could be reasonably shown to be ovarian pain; but my limits will not permit me to enter upon a proof of this.

If the above premises are correct, I think there is little difficulty in reducing the diseases to a rational plan of treatment. And I claim that the true seat of disease in menstrual difficulties is to be found in the *ovaries*, and they should be the object of attack in our treatment.

Now we have the disease of menstruation of three kinds, amenorrhœa, dysmenorrhœa, and menorrhagia, and leaving out of view those caused by malformation, and requiring surgical interference, we shall treat them all as a class, merely looking upon the various conditions of the ovaries in their pathology as causing these various diseases, according to circumstances and laws which we cannot comprehend. Nor is this assumption surprising or untenable, when we remember that opposite conditions produce the same effects, in other organs, that anæmia and plethora both produce delirium, and that both produce, sometimes, coma, and sometimes insanity, according to circumstances that we cannot comprehend.

We recognize, then, two conditions of the ovaries as giving rise to menstrual disease, congestion and anæmia, sthenic and asthenic causes. And just in proportion as these conditions obtain, we have one or the other of the diseases of menstruation. For example, a woman during the period of menstruation gets her feet wet, and the discharge suddenly ceases; she has fever, a full, strong pulse, and hot skin, all evidencing congestion somewhere, and which, from the history of the case, we readily place in the ovaries. Congestion or hyperæmia thus produces suppressed menstruation: or the attack may not proceed so far, and with the generation of great pain, you have dysmenorrhœa developed in future attacks. Now, a plethoric female, in whom we see the evidences of hyperæmia, has menorrhagia; so that too much blood in the ovaries may produce any of the three disorders of menstruation.

It is equally true of anæmic causes. The chlorotic girl has anæmia and amenorrhœa; or she may have dysmenorrhœa; and it is frequently the case that profuse menstruation may be traced to an anæmic condition of the system.

Now, these opposite conditions, in producing these diseases, are merely analogous to diseases produced in other organs. A certain amount of blood is necessary to stimulate the nervous system to action; if there is too much, it seems to clog, as it were the action, if too little, it does not stimulate enough. Whatever may be the true explanation, the fact is undeniable.

We reduce, then, the diseases of menstruation to these two classes of causes—anæmic and hyperæmic. Another fact, frequently mentioned, and bearing directly upon this subject, I shall barely notice; if is the analogy between the *ovaries of the female* and the *testicles of the male*.

The treatment which I would propose, is easily deduced from the pathological view given. It is merely on general principles, relieving congestion by the means ordinarily recommended, and overcoming anæmia by the drugs commonly used.

There is, however, at least one remedy, which seems to have a direct action upon the ovaries, and which I have used in a few cases in the last six months; it is *lupulin*. Now, this remedy has a good effect in the male, when used for nocturnal emissions; it was recommended for this purpose, several years ago, by Dr. Wm. Byrd Page, of Philadelphia, in whose hands it had proved a potent remedy. Acting upon this fact, I used the remedy in hopes it would quiet the ovaries as effectually as it did the testes. We would not be understood as saying that the same kind of excitement exists in both sexes. The bestial passion in the one, has, we rejoice to believe, no place in the purer minded sex, but is merely a disease, beyond the power of her mind or thoughts. I found the effect was the same, and have never found any remedy control the diseases of menstruation more effectually than this.

The principles on which this was determined, would point to cantharides as being useful, in cases of anæmia, amenorrhœa, or menorrhagia. I have, however, no experience with this remedy, though I believe it would be found efficacious.

One practical result is worth a hundred theories, and I will give *two or three cases*; in which I have followed the thoughts here suggested.

Case 1. During the past summer, a young lady applied to me, with menorrhagia; she said she had never been regular, menstruating every fourteen days for seven days, thus being free from the discharge but fourteen days in the twenty-eight. It was this case which first started me in the train mentioned in this article. I determined to try lupulin and gave the following pills:

℞ Vallet's Carb. Iron, } āā. grs. iij.
Lupulin, }
Sig. One three times daily.

The second dose stopped the discharge, a result that could not be attributed to the iron and must have been due to the lupulin. The prescription was continued, with the addition merely of a grain of rhubarb, to obviate the constipation produced by the lupulin.

At the recurrence of the fourteenth day, she was affected with all of the symptoms of menstruation, except discharge, pain in the loins being, as usual, a prominent symptom. An injection of starch and laudanum was used, which quieted the symptoms, and the period passed without any discharge.

Fourteen days thereafter, being 28 days from the commencement of the treatment, the medicine was discontinued (to enable nature to accomplish the routine) for six days and again commenced. As the result of treatment, she is now perfectly well, and has never had any recurrence of the disease.

Case 2. A negro woman, of this city, miscarried four weeks ago, and is now suffering from profuse menstruation, with violent pains in the back, about the lumbar region. Ordered—

℞ Lupulin, ℥i.
Div. in Pulv., iv.
One every 3 hours.

The next morning her pains were relieved, and she was better; but later in the day, owing to the cessation of the medicine, the pains returned, with more profuse discharge.

℞ Lupulin, ℥i.
Sugar of Lead, grs. v. Make iv. powders.
One every three hours.

I confess I gave the sugar of lead with no confidence in its powers, but rather in deference to the prescribed ideas of the profession. The medicine relieved the pain, checked the discharge, and in four days she was well.

Having offered these suggestions to a professional friend in this city, he offered to give it a trial in a case of dysmenorrhœa, then under his charge. The directions were not carried out by the patient, the medicine not being persisted in long enough; but even with this drawback, I learn the pain was very materially lessened at the next period. This case was the result of wet feet, during the flow of the menses.

In a case of threatened abortion, in which the pains were decided, and especially lumbar or ovarian, I used lupulin giving 10 grains. The pains immediately ceased, and the miscarriage was prevented.

I have thus barely alluded to this subject, and have left many links in the chain to be filled up by the profession. I commend the subject to them as worthy their attention, and if I shall be in any way instrumental in relieving the sufferings of those who are the better part of our race, I am amply repaid for my labor.—*Savannah Jour. of Med.*

A Statistical View of Operations on the Tongue, and more Especially in Reference to their Danger from Hemorrhage.

BY OTTO JUST, JR., M. D., OF ZITTAU.

Dr. Just divides the different methods of removing the tongue into the following groups: A. *Operations with a knife*. 1. Amputation or partial excision. 2. Amputation by flap-incision, or wedge-like excision. 3. Total amputation or extirpation. B. *Ligature*. C. *Ecrasement lineaire*. D. *Cauterization*. 1. By the actual cautery, galvanocaustic. 2. By the potential cautery.

A. *Operations with the knife*. 1. *Amputation*.—Dr. Just has collected thirty-three cases of partial removal of the tongue for carcinoma, and sixteen for hypertrophy. To render the organ more accessible to the knife, as well as to ligature the vessels with more facility, it should be fixed by forceps, or by a stout ligature carried through its entire thickness. When the incisions have to extend toward the base of the tongue, on account of the small space we have to operate in, the procedure becomes more difficult and the arrest of hemorrhage is not so easy. In these cases more room can be gained by slitting open the cheek of the affected side, or by drawing out the tongue through an aperture in the neck, or by sawing through the symphysis of the lower jaw. These methods will, however, be unnecessary if the lingual arteries be previously ligated. 2. *Wedge-like excision*.—Under this head are mentioned twelve cases of cancer, one of telangiectasis, and eleven of hypertrophy. 3. *Extirpation*. The author considers this operation justifiable when the whole of the tongue is diseased. Of three cases, one recovered.

Methods of stopping the hemorrhage.—The following means were employed for the arrest of hemorrhage, in sixty-two cases in which it is mentioned: In 26 cases, ligature of the vessels in the wound; in 2, ligature *en masse*; in 7, prophylactic ligature of the lingual artery; in 7, the actual cautery; in 6, ice and cold water; in 7, suture of the edges of the wound after flap-incision; in 3, styptics; in 1, bleeding spontaneously stopped. Ligature of the arteries in the wound is the safest method, and has never been followed, when employed alone, by secondary hemorrhage. The actual cautery, cold or styptics should be restricted to slight cases. Secondary hemorrhage ensued rather frequently when the actual cautery had been applied. Suture of the edges of the wound is unsafe, for in three-seventh of the cases it was followed by secondary bleeding. Ligature of the lingual artery above the hyoid bone should only be resorted to when the base of the tongue is diseased and the mouth of large size; two of these cases died of pyæmia.

Period of recovery.—The most rapid recoveries took place when sutures had been used after excision of a wedge-shaped piece; in sixteen of these cases, fourteen united in from six to fourteen days. After amputation in general, it required from twelve days to four weeks. The cases treated by sawing through the symphysis took from one to two months.

Result.—Eight of sixty-eight cases terminated fatally, being 11½ per cent. In five cases death resulted from pyæmia.

B. *Removal by Ligature*.—Nineteen cases are quoted of ligature for cancer, and seven for hypertrophy; and two of these ended fatally,

one from pyæmia, and one from poisoning by the offensive discharge. This method is troublesome and disgusting from the very fetid discharge, occasioning the patient great misery. Gangrene commences in about twenty-four hours after the application of the ligature, and on an average eleven days are required for the separation of the mass. The wound left after the detachment of the slough will heal generally in about fourteen days. Hemorrhage occurred in three instances, twice from too early a separation of the ligature, and once from the wound made for the passage of the thread.

C.—*Amputation by means of ecrasement lineaire*.—The ecraseur has answered an excellent purpose in removal of the tongue, hemorrhage being effectually prevented when the instrument is made to act slowly. Twenty-one cases were treated by this method, and all recovered, the period of convalescence averaging three weeks.

Amputation by means of the cautery. 1. By the *galvanic cautery*.—Eight cases come under this head, hemorrhage attending four. The vessels required ligation in the wound twice, and once after previous ligation of the lingual artery. Secondary hemorrhage followed in about one-third of the cases. To prevent bleeding, the wire should be thick, the galvanic current weak, and the wire of the loops should not be heated beyond a black heat. 2. *Extirpation of the whole tongue by the means of the potential cautery*.—One case only is given, in which the organ was destroyed by means of chloride of zinc.

The author has collected seventy-two cases of cancer of the tongue, in forty-nine of which the subjects were males, in twenty-three females; the frequency in males being pretty nearly in the ratio of five to two. In sixty-three cases the age is noted, showing that it occurs most frequently between forty and sixty years. In fifty-five cases the seat of the disease was, in seven, the tip of the tongue; in nine, the whole breadth of the organ; in nineteen, the right; and in twenty, the left side. In seventy-two cases there were eighteen recurrences; but the number is too small; as many of the cases were published soon after the operation.

To sum up the different methods of treatment, we find that the knife is especially adapted for removing small portions near the tip of the organ; the ligature has but one advantage, that of preventing hemorrhage, and the ecraseur has shown more favorable results than those of the knife.—*Schmidt's Jahrbucher, and London Medical Review*.

Infamous Quackery.

The following is taken from the *Medical and Surgical Reporter*, and is one of those cases of *infamous imposition* that puts the D—l in the background, where his Satanic Majesty is seen peering over the shoulder of his great competitor in crime, and ally in "fool-killing." Why is not "Brother——'s" name given that we might "wallow him in the mire," with his appropriate associates. How long is the "sacred desk" to be disgraced by such hell-deserving scamps, who do not fear to insult the Supreme Ruler of the Universe.

"INFAMOUS QUACKERY."—Quackery loses none of its impudence. There is no class of men who exhibit such a fertility of expedients,

involving such a total depravity of moral sense, as those who engage in the unholy business of manufacturing and making a market for quack medicines. Some time since we referred to the case in Williamsburgh, New York, of a quack who, assuming the title of a minister of righteousness, actually publishes a *religious newspaper* with a name (not his own) with "D. D.," appended to it as editor, who in leading editorials, piously speaks of the benefactions conferred on the human race by bountiful Providence in the shape of "Brother——s" wonderful medical discovery, while other portions of the quasi "religious" paper is filled up with selected religious articles!

In the *American Journal of Pharmacy*, the editor speaks, as follows, of a case which illustrates the infamous character of this class of men :

"It is said of some poisons, that when taken in an overdose, the emesis they excite proves the safety of the subject. So of quackery. In some of its forms it is so self-evidently false and disgusting that all reasonable persons will at once reject its assaults. Our attention was recently called by a friend to a handbill from a quack of this genus, purporting to be a "veil Doctor," with astonishing natural powers. After various statements of his ability, he has the assurance to declare that he appeared before the National Medical Convention of 1860 at Washington, for the revision of the Pharmacopœia and demonstrated his remarkable powers. He then refers for information to a list of names of physicians and pharmacutists of New York and Philadelphia, among the rest our own, who were there in attendance, and which he probably extracted from the preface of the U. S. Pharmacopœia. It need hardly be said that the whole affair is false, and that the use of names in this manner, for a false pretence, would subject the rascal to legal action under the proposed new law of Pennsylvania."

A Case of Dislocated Os Humerus, Of Eleven Years and Ten and a Half Months, successfully Reduced.

BY WM. H. HUBBARD, M. D., GRAVESEND, L. I., KINGS COUNTY, N. Y.

Mr. Edward Tunstall was born September 8th, 1787, at Reinford, England; was injured in September, 1848, on the Liverpool and Manchester Railroad, by falling on the platform of Hayton Station. Having for a long time been afflicted with rheumatism in the shoulder, no attention was given to his case, and without professional advice he remained in this state and came to America in 1856, and on the 4th of August 1860, I was called to visit him, and prescribe for him, for an attack of *pneumonia*. During my investigations, I discovered that the shoulder-joint was dislocated upward and inward, under the clavicle, and upon inquiry found the particulars as above stated. I advised the old man to have it reduced, as his arm was almost useless; he had kept the shoulder-joint without motion, nearly the whole of this long time, by use of a sling; he finally consented and on the 5th August I made the trial with Jarvis' adjuster and succeeded in reducing the bone to its natural position, to the joy of himself and friends, and to my great satisfaction. It is nearly six months since the reduction. He has the use of his arm as well as ever, except he says it is not as strong as the other. His residence is with his son, in the village of Greenfield, near Flatbush, Kings County, N. Y.—*American Medical Review*.

The Next Meeting of the Ohio State Medical Society Changed from the 11th to 25th of June.

CINCINNATI, MARCH 25TH, 1861.

EDITORS OF MEDICAL AND SURGICAL NEWS:—I have been directed by the President, H. S. Conklin, to announce, through the medical journals of the state, that the officers and the Executive Committee have changed the time of the next meeting of the Ohio State Medical Society, from the second Tuesday, the 11th, to the fourth Tuesday, the 25th of June.

I have also been directed to state the following, as the reasons which induced the change.

First. The American Medical Association meets this year in Chicago in the early part of June:—hence it would be next to impossible, for gentlemen to attend that meeting and our State Society on the 11th.

Second. Owing to some improvements which the proprietor, Mr. Wilson, is making at the Ohio White Sulphur Springs, it would be inconvenient for him to entertain the Society on the 25th.

An official announcement, by a circular to each member, will be made in a few days.

Respectfully,

W. W. DAWSON.

EDITORIAL DEPARTMENT.

ERRATA.—In the last number of the "News," were a number of errors, some of which were of some importance. Among others in the address of Dr. McIlvaine, BRAHE was put for BAILLY in the reference to the hero-philosopher of France. Although much care is employed in reading our proof sheets, we find it almost impossible to keep out errors. *

OUR BILLS.—As a result of sending out our bills, for the past and present year, we are happy to say, we are in a fair way to receive our *just dues*. Some men are supposed to receive their "*just dues*," when hung; others in various modes of punishment; and the doctor when compelled to swallow his own medicine; we wish it distinctly understood that, we have no use, just now, for medicine, punishment of any kind, or hanging; but desire the names of good physicians who would be willing to locate beside some unfeeling, unprincipled, and, perhaps, unqualified doctors, who refuse to pay for the *News* after having *fed* upon it for twelve months.

UP TO TIME.—To keep up with time requires an amount of vigilance and industry, that will in the end add to our wealth and happiness, but destroy many of the *fleeting* pleasures by the wayside.

Academy of Medicine.

Vaccination still occupies the attention of this society. As we have already given our readers a pretty large installment of discussions upon that subject, and as we do not desire to carry it *ad nauseam*, we omit publishing any proceedings in this number. If, however, at any subsequent meetings, any new facts, on that head, should be elicited that we should deem of interest, we will make a note of them.

At the meeting Monday evening, March 25th, Dr. Brunel finished reading Part 1st, of a series of papers upon vaccination and inoculation. One point that he made we will mention, namely; that after exposure to the contagion of small-pox, inoculation is to be preferred to vaccination; for, under those circumstances, although the latter will take, and run through its regular stages, it will fail to ward off the disease; inoculation, however, will. In proof of his assertion he quoted a number of distinguished physicians, and also related a number of cases occurring in his own practice. *

AMERICAN MEDICAL ASSOCIATION.—Remember *first Tuesday* in June next the Association will meet in Chicago; business important, and the arrangements for the accomodation of members, delegates, and visitors, will be such as to render satisfaction. See card of Dr. H. A. Johnson Assistant Secretary, on another page.

OHIO STATE MEDICAL SOCIETY.—We call attention to the notice given by Dr. W. W. Dawson, *Secretary* of the Society, to be found on another page. The change in time of meeting from the *eleventh* to the *twenty fifth* of June will, no doubt, meet the approbation of all interested. The reasons given for the change are good and sufficient, and we have no doubt the Society will be much more fully attended in consequence. Remember the place of meeting is one of the most attractive in the State.

Lancet and Observer.

We hope the readers of the *Medical and Surgical News*, will pardon us for stepping aside from our usually pacific course for the purpose of *correcting* our neighbors, and, perhaps, before we wind up, *chastising* them in accordance with their just merits. The following was written for our March number, but having a strong desire to keep out of *Editorial broils*, we afterwards concluded to pursue a different course in hopes that some mistake had occurred.—“We are at a loss to know why it is that the Editors of this Journal (*Lancet and Observer*,) seem inclined to misrepresent us; we have reason to believe that we *live on friendly terms* with them, and yet, occasionally, an article

makes its appearance that would indicate a different state of feeling. In the December number, 1860, appeared an article in reference to Surgical operations being noticed by newspapers, connecting Prof. Blackman and ourself with these 'puffs.' We called upon Dr. Murphy immediately, and requested him to correct the matter, so far as we were concerned, which he promised to do in the next issue, but lo it came not. But as if determined to add one wrong upon another, in the number of the present month, (March,) may be found the following 'CINCINNATI COLLEGE OF MEDICINE AND SURGERY.—This school had its commencement early in February, at the close of a three months course of lectures. They claim one hundred and twenty matriculants, and we learn that there are about thirty graduates.' The offensive part of this article is the '*three months course of lectures*,' when the *truth* is, the course was one week longer than on any preceding occasion. If the Editor who wrote the above had been anxious to present the truth to the readers of his Journal, he could have informed himself upon the subject, and thereby saved a little trouble, and a large amount of bad feeling, for surely the friends of the *Cincinnati College of Medicine and Surgery*, to a man, must feel indignant at such misrepresentation; and let me tell the gentleman, its friends are numerous, and their position in the medical profession right.

Now the facts are these, the session commenced on the *fifteenth* day of October, two weeks earlier than usual, and continued regularly, to the *seventh* day of February, without vacation during holidays, making a session of *seventeen* weeks, lacking Friday and Saturday of the *seventeenth* week.

It was the intention to hold an *eighteen weeks* session, but owing to the very great pressure occasioned by the agitated condition of our country, the Faculty granted a *unanimous* petition from the class to close on the day above named."

The different course we determined to pursue alluded to above, was to again call Dr. Murphy's attention to these matters of grievance. For that purpose we addressed him the following letter.

CINCINNATI, March, 1861.

DR. J. A. MURPHY—Dear Sir; I suppose you remember your promise to correct a statement made in your Journal of December, or January, in reference to Surgical operations being noticed in newspapers &c. I presume you forgot to do so; is it too late for such correction?

I also desire to call your attention to an error in reference to the *College Session*. In the March number you say, "This school held its commencement early in February at the close of a *three months session*," &c. I am sorry your information was not derived from a correct

source,—the session was one of *seventeen weeks* lacking two days; the regular course having begun on the 15th October. Please reply.

Very respectfully, A. H. BAKER.

The above letter was handed Dr. M., by the Janitor, who placed it in his hands; he read, said he would make it all right, picked up his pen to answer, then requested the man to call in the morning for the reply, which he did, and repeatedly after; but not finding the Doctor in, the matter rested, and I felt assured that an honorable notice would be taken of the *mistakes*, for such I believed them to be. What then must be my surprise to day, (April 6th,) on the arrival of the *Lancet and Observer*, for this month to find the following,—“Some months since we mentioned the fact that Dr. Baker of this city, had permitted reports of his operations to be made in the daily newspapers. He assures us we were mistaken, and that the report alluded to was without his knowledge. He says he supports the code of ethics; and is opposed to publishing reports of cases in the papers. We are very glad to be corrected.”

Comment, it seems to us is unnecessary, as every unbiassed and honorable physician will see at a glance the object that prompts to this course; it is either an attempt to add insult to injury, or a total disregard of every principle of justice and honor.

Dr. D. M. Reese, Editor of the *American Medical Gazette*, in speaking of the *Lancet and Observer*, makes use of the following significant language.

“No man’s character is safe if such a press is to be tolerated in Cincinnati or elsewhere. We do not now marvel at the everlasting turmoils in the profession of the Queen City, or the success of the Eclectic quackery there.”

Aiding Quacks.

EDITORS OF MEDICAL JOURNALS.—To you we have addressed our editorials more than once, and desired your aid in *routing* the army of our enemies, but, it seems that the kind of intelligence necessary for the profession to be in possession of, is not likely to reach them. It is well to place before our brethren, who depend upon us for intelligence of general interest, those cases of quackery and imposition that come under our notice, no matter upon whose head it may fall. But then there is another duty we owe to the profession; it is this, not to give “aid and comfort” to those who, by any “hook or crook,” may be engaged in *doing service* to the enemy. We regret that it becomes our duty to point out some of our *cotemporaries* who are thus engaged. No doubt they can plead ignorance, but if so, it is because they have overlooked the *timely warning* of those who have made an effort to enlighten them.

Who would suppose that the *Medical and Surgical Reporter*, one of our most determined opposers of quackery, would be caught in a trap, and yet it is even so. In the March issue of 1861, on page 665, we find an establishment advertised, in a way, that hands it down to posterity; as it is *half editorial*, and will be bound in the vol. The house thus advertised is the head and front of *Eclectic and Botanic Drug Establishments*; the Depot of Quacks, and the revilers of the Regular Profession. If our friends would look at the "writing upon the wall," the ominous, and well understood announcement of "*Union Drug Store, and wholesale Dealers in Eclectic Botanic and Standard Medicines*," will stare them in the face, and then let them construe the terms *Eclectic* and *Botanic* into their most offensive signification to the Scientific Physician, and connect with that signification the fact that Cincinnati is the nest of these systems of quackery, and the matter is fully explained. We have refused to advertise for the same establishment.

But shall we pass other offences, and thus aid in imposing upon the people? we allude here to the nostrum business carried on by *all* Druggists; and yet they are patronized by the regular profession; and thus we aid in keeping up a system that we daily abuse in our conversations. It is not our intention, however, to do more than allude to this at present; we, therefore, notice the next subject of inquiry.

SHALL WE AS JOURNALISTS notice and make extracts from such authors as THOMPSON of *steam* and *lobelia* notoriety; BEACH—the New York reformer, whose great work has taken the medals of crowned heads; CURTIS—the head and front of *Physopathy*; POWELL, New-ton & Co., the great expounders of *Eclecticism*; and their co-workers? The answer will be an emphatic no!

Will Dr. O. C. Gibbs, of Frewsbury N. Y., whose "*Summary of American Medical Journalism*," we read with so much pleasure, tell us in *what Journal* he found that "article of twenty pages upon diphtheria by C. H. Cleaveland, in which the subject is discussed with some novel views?" Perhaps Dr. G. forgot to notice the *title page*. This, however, is not a *rationale* conclusion, therefore, we hope the Doctor will excuse us for the insinuation.

REFORM, ECLECTIC, and RATIONAL, are terms that in their literal sense cannot be offensive, but when applied to *medicine*, and medical practice, is significant of downright quackery. For instance, bad men may reform; reformatations may take place in churches, and in communities; here you have a change in conduct and feelings that lead to beneficial results; casting off the old and putting on the new man; all done without the aid of science. But in science you have no such change, scientific truth cannot be *reformed*; and upon this rock stands

scientific medicine; then let the odious word in this sense be dropped forever.

ECLECTIC:—The privilege of choosing remedial agents to be applied to the cure of disease, belongs to the scientific physician; but *quacks* have seen proper to pervert the term *eclectic*, by applying it to a sect of men who deny their deluded followers the privilege of choosing, by lopping off many remedial agents, and then saying to them "*you shall not use these articles*," and then call this eclecticism. Thus the term, in a medical point of view, is rendered as obnoxious as that of reform.

RATIONAL MEDICINE:—At the present day, we have a set of men who are in the habit of making an effort to lead the minds of the unsuspecting in the direction of *their* peculiar *rationality*, consequently a "*Journal of Rational Medicine*" is necessary to enlighten the *benighted* sons of Esculapius, and out it pops, with a grin at the verdancy of those around, and the boldness of its own presumption. The title of this Journal is rather a cunning selection, and no doubt was intended to act as a *sliding* machine, by which its editor could move in any direction. Once a member of the American Medical Association, he, unfortunately for himself, got into the wrong box, by getting into a Professorial Chair in the "*Eclectic Medical Institute*" of this City; this position *slid* him out of the Association, and after a time he *slid* out of the Professorship; sold out "*The College Journal of Medical Science*," of which he was one of *six* editors; and, as we suppose, having become satisfied of *something*—perhaps, that *all* Medical Journals were as *irrational* as the one last mentioned, set up for himself, and sent forth to the hungry worshippers of the false God the JOURNAL OF RATIONAL MEDICINE, from which Dr. Gibbs made an extract, *without giving credit*. More anon.

Brunonianism, Toddism, and other Isms.

The above heading is the title of an article in the American Medical Gazette of February by Prof. S. D. Gross, consisting of a review of some of the revolutions, that have occurred in medicine at different periods. As the subject is discussed in quite a comprehensive and philosophical manner, we thought we would make a brief reference to it; we would like to copy the article entire, but space will not permit.

The Prof. is of opinion, that we are again on the verge "of one of the most fearful, and wide-spread revolutions in medicine, that the world has ever witnessed," and thinks every physician should take an active interest in it commensurate with its importance; "for if this crisis cannot be averted," he says, "its crushing effects may be incomparably greater than those of the bloodiest war, or of the most

unrelenting epidemic that has for ages spread its desolating mantle over the earth." The occasion for these fears is the seeming abandonment, on the part of the profession, both in this country and Great Britain, at the present time, of all active depletory remedies in the cure of diseases, and the employment of stimulants upon the assumption that there is a change in the type of disease, or a peculiar toxic condition of the blood, that forbids the use of the same active treatment as formerly.

After giving a sketch of the life of John Brown, the founder of the "Brunonian system of Medicine," he says that the doctrines of Bennett, Todd, and others, in regard to the treatment of inflammations by stimulants, are essentially the tenets held by him, "either bodily, or under certain modifications." Brown was a mere theorist, and never had hardly any professional business; and was so addicted to drunkenness, that he was seldom ever sober. His stimulant treatment was based upon the relief it afforded him in his arthritic attacks, to which he was much subject. As a singular coincidence it is mentioned, "that, while the practitioners in many parts of Europe were pouring stimulants down by the wholesale into the stomachs of their patients, Rush of Philadelphia, was indulging in the most copious abstractions of blood, and busily engaged in laying the foundation of the bleeding school, whose influence was destined to last the greater part of a third of a century."

In regard as to there having been any change in the type of disease, and as to whether people are not able to bear the same depletory remedies as formerly, he says; "I have certainly not seen anything, in a practice of thirty years, to warrant such an opinion. To me diseases appear as they did when I entered upon the study of medicine. *
* * * A furuncle, a carbuncle, an erysipelas, a whitlow, a conjunctivitis, exhibit the same character, both outwardly and inwardly, now as they did ages ago; and if this be true of the external inflammations, may it not be justly inferred that it is true also of the internal, as pneumonia, pleurisy, hepatitis, cystitis, gout, and rheumatism? There is no evidence of any physical degeneracy of the race in any walk or pursuit in life. * * * Man's weight and stature, muscular development, and the quantity of his blood, have undergone no perceptible change within the last twenty years."

While we deprecate sudden revolutions in medicine as the source of great injury to the profession and the community, to as great extent as Prof. Gross, we cannot coincide with him, that we are verging upon such a tremendous crisis as he seems to think. Undoubtedly, the substitution of stimulation in the place of depletion is carried to extremes by many practitioners, yet some considerable change from

the practice of former years was certainly necessary. We feel warranted in saying that no such treatment as was in vogue in times past, as handed down to us by the literature of those days, and communicated to us by the fathers in the profession, who are still among us, could succeed in all cases now. We have great respect for conservative medicine, but we are confident that disease, if formerly, could not now be successfully attacked by bleeding the patient to the amount of seventy five or eighty ounces or more; and then administering calomel in doses of ten, twenty, or thirty grains, every four, six, or eight hours, until so severe salivation was produced that the salivary secretions would issue in an almost constant stream from the mouth.

Although we subscribe to the opinion that, "a greatly enlarged knowledge of disease and of the virtues and applications of remedies," has done much towards doing away with the necessity of many of the old depletory means, by furnishing us with better and safer ones, yet we cannot help but think that the necessity for depletion does not exist to the extent that it formerly did. No doubt the treatment employed thirty years ago was attended with ordinary success; but who would be willing to admit that it would meet with so favorable a result in the diseases of the present day?

If the type, then, of disease has not changed, and if the physical powers of the people remain in statu quo, we are confident *some other influences* have been operating. *

The Institutes of Medicine. By Martyn Paine, A. M., M. D., L. L. D., Professor of the Institutes of Medicine and Materia Medica in the University of the City of New York: Corresponding Member of the Royal Verein für Hülfskunde in Prussia; Corresponding Member of the Gesellschaft für Natur- und Hülfskunde zu Dresden; Member of the Medical Society at Leipzig; of the Medical Society of Sweden; of the Montreal Natural History Society, and of many other Learned Societies.

It is with great pleasure we again call attention to this, the *sixth edition of Paine's Institute of Medicine*. The fact that this great work has met with such universal favor, and rapid sale, as to require so many editions, is enough to recommend it to the profession; but we are anxious to get it into the hands of every physician in the land, for the reason that its author has taken, and maintains a position, in reference to the *modus operandi* of medicine, that we deem of more importance to suffering humanity, and correct medication, than any other mooted question, that has, or may, agitate the medical world for many years. It is well known that *Humoral Pathologists* by some *fanciful* arrangement of the God of Nature are enabled to cure disease by *medicating the blood*; as all these medicines, they contend, are taken into the circulation and there applied to the correction of morbid action.

On the other side stand the *Solodists*, who claim for the *Nervous System* a large amount of credit for the performance of offices of a *highly important* character in the process of medication, and who, by

their scientific investigations, logical deductions, and numerous experiments; are convinced of the truth of their position. These doctrines are investigated by this learned author, and his conclusions are in accordance with, we think, sound philosophy, and must invite the attention of, if not convince, every scientific physician.

In referring to the various doctrines taught by great men, such as *Fourcroy*, *Liebig*, and others of the chemical and other schools, he makes the following remarks.

"The physiological world has been lately divided into three schools. One of these sects virtually regards organic nature as a part only of inorganic, endowed with the same properties and governed by the same laws. It maintains, in short, that there is no essential difference between a man and a stone. At the head of this school stands *Liebig*, the distinguished and able chemist. It is a great and powerful school, but it is falling, daily, beneath the weight of vast errors and corruptions. It is denominated the *Chemical School* of medicine."

The second is the school of *Vitalism*, "which regards organic and inorganic nature as distinct in their most essential attributes. I suppose that each department is governed by properties and laws peculiar to itself."

The third school is that of *chemico vitalism*. This school "endeavors to form, as it were, a bond of union between the schools of pure vitalism, and of pure chemistry; though such an alliance be as unnatural as human brains in a block of granite."

But we have not space sufficient to justify quotations, and must be content with just sufficient to place the author in proper position, where he battles for truth successfully, and puts its enemies to flight.

Remember this work is from the pen of an *American author*. This fact should when taken into connection with its intrinsic merits, place it still higher in the estimation of every American physician. When we have studied *Physiology*, *Pathology*, and *Therapeutics*, separately, and as we may suppose thoroughly, we may here find that which will add new light to our investigations; fresh vigor to our mental training, and produce a just conception of the power and sublimity of the Great Ruler of the Universe.

Lives of eminent American Physicians and Surgeons of the Nineteenth Century, edited by Samuel D. Gross, M. D., Prof. of Surgery in Jeff. Med. College; Philadelphia, Lindsay & Blackiston; Cincinnati, Riekey, Carrol & Co.

There has never been any profession or pursuit in life whose members have been greater benefactors to their fellow beings, than those of the medical profession, and yet probably no class has so few biographies. The statesman whose diplomacy, by chance, has happened to wield an influence in the affairs of the world, and the warrior whose career has been stained with the blood of countless numbers, have bo-

had their achievements recorded in biography, and emblazoned upon the page of history ; but the physician, who has spent a life long time in battling disease, and by whose efforts thousands have been wrested from the grave, has had scarcely any thing to bear testimony that he once existed and moved among the living, more than the simple inscription upon his tombstone. Surely injustice, in this respect, has been done ; he whose life has been thus devoted to his fellow creatures is worthy to have his memory cherished and transmitted to posterity.

The book whose title we give above, will supply a want in medical literature long felt, and will undoubtedly, as it deserves, meet with a cordial reception from every true physician. The profession of medicine in this country already contains in its annals many illustrious names—many that are encircled with a *true* glory. Rush, Warren, Chapman, Physick, Dewees, Drake, and many others, have shed a bright lustre upon their calling by their great attainments, their humble christian lives, and their devotion of themselves to the relief of the sufferings of humanity. How acceptable, then, must be a work that embodies a record of their lives ?

This work is the only one of the kind now in print. In 1828, as we learn from the preface, there was issued at Boston an "American Medical Biography" by Dr. James Thacher, but, although it was published sixteen years before the author's death, it never reached a second edition. In 1845, Dr. S. W. Williams of Mass., published a continuation of this, but it met with the same fate.

In the book before us, we have the lives of thirty-two of the most eminent American physicians. Among them will be found those of Rush, Wistar, Warren, Physick, Chapman, Eberle, Horner, Drake &c., Three only of the memoirs are from the pen of the Editor ; all the rest have been contributed by other writers, who were specially qualified by intimate acquaintance with the deceased, to discharge the responsible duties.

Prof. Gross says : "The Editor deems it due to himself to state that the whole enterprise has been with him one of love, without any hope, wish, or expectation, of personal remuneration. He has given his time and money freely to the object ; for his sole desire has been to render himself useful to his profession, and to aid in furnishing a work worthy, as he believes, of American medical literature."

It contains over 800 pages, is printed on excellent paper, and is handsomely bound in cloth. The lives are well written and are full in all their details. We hope all our readers will possess themselves of it ;—we think they owe it to themselves, and to the profession, to patronize such literature.

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No. 5.

MISCELLANEOUS CONTRIBUTIONS AND SELECTIONS.

Delirium Tremens.

BY J. A. THACKER M. D., CINCINNATI, OHIO.

Delirium tremens, as generally met with by the practitioner of medicine, is a disease produced by excessive indulgence in intoxicating liquors. Other things may sometimes act as exciting causes, as the use of opium and other narcotics, too great taxing of the mental powers by over study, etc.; but cases produced by such means are so exceedingly rare as to be exceptionable—alcoholic stimuli may be considered the chief agents in its production.

The phenomena that the disease exhibits, lead evidently to the conclusion that it consists in irritation of the great nervous center—the brain. The watchfulness that is so prominent a symptom, and, indeed, is its distinguishing characteristic, and the kind of delirium, which, when there are no complications, affects the imagination exclusively, point to this as the pathological condition. In inflammation of the brain, all the faculties of the mind are disturbed—reason and judgment, as well as the imagination; but in irritation, while the former are left almost intact, the latter is much affected; for as it is the most active faculty, it is consequently thrown out of gear, as it were, by causes that would not disturb the others. Further, the disease has no fever attending it, while in inflammation fever is a necessary accompaniment.

What are the indications of treatment? The answer is, to break up the watchfulness and produce sleep. Long observation has proven that when once we accomplish this a cure speedily ensues. But how is this to be done? The answer again is, by relieving the irritation of the brain by the same means that we would relieve it in any other organ. In the irritation of this disease there is nothing peculiar; and the treatment is governed by the same laws that hold good in other cases.

Much of the confusion that has arisen in regard to the treatment is, no doubt, due to the pathology not being embodied in the name. On this account many seem impressed with the idea that it cannot be treated on general principles, but that it must have a treatment in accordance with its supposed peculiar nature. No greater fallacy could possibly exist; and it has undoubtedly been the source of much mischief. When such opinions obtain possession of the mind, the worst sort of empiricism is the result—a scramble after specifics takes place, which are soon announced in numbers that are legion; many of which are diametrically opposite in their therapeutic properties.

As irritation is a pathological condition akin to inflammation, differing mainly from it in its falling short in its phenomena, we would expect its principles of treatment to be similar. In inflammation of the brain, the treatment consists in the employment of antiphlogistic remedies, as the abstraction of blood by venesection, cupping or leeching, cold to the head, blistering, and the internal use of tartar emetic and other sedatives. When, however, the strength of the patient is low, and the vital powers seem to be failing, instead of depressing treatment stimulants are required.

But since irritation is more local in its manifestations than inflammation—the constitution at large sympathising but little, or none—the treatment consequently must be in accordance. Instead of employing sedatives that affect the system generally, we should make use of those agents, whose action will be principally upon the parts involved. In delirium tremens, for the general blood letting, and the internal use of tartar emetic and calomel, should be substituted cupping at the back of the neck, or leeching, cold to the head, &c.

Opium, which is the sheet anchor of the hopes of most practitioners in the treatment of this disease, produces its beneficial effects mostly by its local sedative influence upon the brain; for, although a remedy used internally, yet having such an election in its action for this particular organ, its influence is expended almost directly upon it. It is to this fact, undoubtedly, it is due, that it is so potent an agent for mischief as well as good. The beneficial influence, too, obtained from shutting a patient up in a dark room may be explained by the sedative influence it exerts upon the nervous system;—the complete withdrawing of all light, and the entire absence of all noise, as all are aware are very depressing in their effects.

From what has been said, I would lay down the following rules in regard to the treatment. If the delirium is great, and there are other symptoms of much cerebral irritation—fullness of, and rapid circulation through, the vessels of the brain—free cupping at the back of the neck should be instituted. In numerous instances, I am confident

that the recovery of the patient was entirely due to this procedure. Even when the pulse was rapid and rather flagging, and all other means had failed, I have employed it with success. In cases that have gone two or three days without sleep in spite of the free use of opiates—the delirium in the meantime, from being violent but confined to a few hallucinations, becoming of a low muttering character, and general—I have known sleep to be immediately produced by the abstraction of blood in this way.

The cold shower-bath, when carried to an extent to produce its depressing effects after large doses of opium have been given in vain, will often be followed by a like result.

Opium often acts, especially in small doses, as a stimulant as well as sedative upon the brain, and therefore should be used with great caution. In slight cases, when excessive watchfulness is the only symptom, it alone, or conjoined with antispasmodics will generally be all the treatment that is necessary; but when there is delirium, and especially if at all violent, it rather does harm than good, unless preceded by cupping, or some other antiphlogistic means, when it often acts like a charm.

Chloroform I have never known used but once, and in that case the patient died in about five minutes after commencing to inhale it. It may be of service in some cases, but I consider it a dangerous remedy—one that should be used with the utmost caution.

Stimulants should be used, like in other diseases, if *indicated*. If there is general prostration, and the vital powers seem worn out, their free use should be immediately entered upon and continued throughout the disease. But if they are employed on any other principle—on the principle that the disease has been produced by their stoppage, or that there is necessarily debility of the brain, as some suppose, injury and not benefit will be the result. In any departure from healthy action, I presume there is more or less debility of the part affected, but it does not follow that a stimulating treatment must necessarily be instituted.

For the Medical and Surgical News.

INDIANAPOLIS, INDIANA, April 24th, 1861.

DEAR SIR:—My attention having been called to several cases of "*rapid labor*," reported in your last No. of the "*News*," I thought proper to communicate to you a case of the kind that came under my supervision some three years ago, in this locality. Mrs. H—, quite a healthy lady—fine form, rather a plethoric habit, aged nineteen—sent for me about twelve o'clock at night. The case being represented

to me as "*one of emergency*," I proceeded to her residence with great haste.

While preparing to make a *per vag. examination*, she informed me that the child was born, which I soon found to be true. The placenta was also expelled with little or no hemorrhage following the wonderfully rapid expulsion; as the sequel will prove that both the child and placenta must have been ushered into the world in the incredibly short space of time required to dream that which proved to be also a reality.

Mrs. H— stated that she retired about two hours prior to my arrival and had dreamed that she was in *labor*—that she had passed through safely (her former labor having been a tardy, painful and hazardous one,) and without much pain, the ecstasy of which awoke her, when to her great delight it was not only a dream but "*a stern reality*." The child was large and healthy, weighing about eight and a half pounds. Both the mother and child prospered finely.

I look upon this as a very remarkable case and take pleasure in reporting it for your *Journal*. Very respectfully,

HENRY, F. BARNES, M. D.

Proceedings of the Academy of Medicine of Cincinnati.

MONDAY EVENING APRIL 15th, 1861.

The subject of revaccination as laid over from April 1st, at which time Dr. Bruen finished reading his papers upon the subject, was brought up for discussion this evening. The Dr. took the same grounds that Dr. Gans did on a previous occasion, whose remarks were published almost in full in the March number of this journal. Besides the Prussian statistics and others quoted by that gentleman, he presented many additional, some of which were of this country.

Prof. Baker, in opening the discussion, urged that the statistics brought forward by the gentleman whose opinions were opposed to his could not be considered conclusive. There was no evidence in any of them that those, who had taken revaccination, had been properly vaccinated. Indeed, there was much reason to believe they had not been;—the very vastness of some of the experiments rendered it more than probable that many errors had been committed; and if there were any sources of fallacy, they could not be received as correct.

From his experience in vaccinating, much care was necessary to avoid errors. It not unfrequently happened that a spurious vaccination was produced by impure matter, which was presumed by the inexperienced to be genuine. Not long since, he was solicited to vaccinate a child with a scab that had fallen from a pustule that had matured in eleven days;—of course it was worthless; and the vaccination that produced it of no account towards protecting the individual.

from small pox, although the persons themselves, on account of its severity, had no doubt of its genuineness. He related quite a number of other instances in which a spurious vaccination had been mistaken for a genuine one. He had now in his possession a dozen scabs, the history of which rendered it certain, were the result of spurious vaccinations.

In Germany, it was the custom to vaccinate from arm to arm. The result of this was that a pustule would be disturbed at different periods for several days. Many of the vaccinations, therefore, in consequence of this procedure, must be with deteriorated matter; for after a pustule had been once disturbed, an inflammation must be set up which must modify the virus and mix with it many of the products of inflammation. He preferred the scab to produce a genuine vaccination; for in it, you have a pure dried lymph unmixed with anything that might injure its efficacy. Besides, you have in it virus thrown out at different periods—in the upper crust that which was thrown out at first, and in the lower that which was of more recent formation; consequently, you vaccinate with that lymph which is good beyond a doubt, and thus secure your patient from all danger. He claimed, that although the American physician had not the same opportunity for *extensive* observation as the Prussian, his experiments were equally correct, and his conclusions based upon practical experience and sound judgment not surpassed by any country.

Dr. E. H. Johnson remarked that he did not consider that any facts appertaining to vaccination and revaccination, were any more established by a vast number of statistics than by a few. He considered the analysis of a glass of water as conclusive in regard to the constituents of which the water was composed, as if the whole Ohio river had been similarly subjected. In like manner, the experience of one of our old practitioners in vaccination was as satisfactory to him, as the statistics of the whole Prussian army.

: One thing the essayists altogether neglected considering in their papers, which he viewed of much importance as affecting the correctness of the doctrines which they propounded; namely, would, or would not, vaccination have taken immediately after the vaccine disease was first endured? If, however, it would not, and it was necessary for a certain length of time to elapse, how long had that time to be? It will be perceived that by these questions being left unanswered, if inoculation with the virus, as in a chancre, was necessary, as some suppose, to test the genuineness of a vaccine pustule, the statistics had failed to fulfill the purpose for which they had been brought forward.

Dr. S. O. Almy stated that as vaccinia had never taken but once upon himself, and then *when he was a child*, although he had since

then frequently vaccinated himself, he had presumed its effects were permanent; but as the essayists had produced such an array of testimony to the contrary, he felt that he must acknowledge himself to have been mistaken.

Dr. McIlvaine took a hasty view of the history of vaccination. On the 17th of May, 1796, he said, Jenner first introduced the vaccine virus into the arm of a boy, named Phipps. For one generation no division took place in the profession as to its prophylactic powers. Probably in 1836, the Prussians began to agitate revaccination. They published statistics upon the subject, but they are not conclusive. Much respect however is due the Germans for their industry and accuracy in this matter; but there are others of equally high authority, who differ materially from them. Among them was Mr. Goethe of the French, who was opposed to revaccination, and Mr. Barry of the department of Dubs in France, who after close investigations, and subjecting to the closest tests, both on animals and human beings, came to the conclusion that the vaccine virus had lost none of its protecting power; but was equally as available now as in 1800. He, himself, coincided with the two last named authors.

Mr. Goethe repudiated revaccination on the ground that the advocates of it were never able to determine at what period it was to be performed, nor how many years it continued to be the shield and buckler of those who had been made subjects of it. To his mind (Dr. McIlvaine's,) that was a potent argument. It savored strongly of the mysterious, and he considered it one of those romances, that the non-progressive seek to incorporate in science, that the vaccine virus exhausts itself in five, seven, or twelve years. It was a species of induction that he was not prepared to endorse.

The Dr. here went into a review of some communications upon the subject that recently appeared in our city papers, and pronounced them as wanting in scientific authority. He also stated that he had studied this matter for years, and under circumstances as favorable as most of his colleagues, and had arrived at the conclusion, that vaccination when properly performed, and had passed through its regular physiological stages, was as competent a protection as it ever was. He denied the necessity of a revaccination, and argued that those who advocated it were impregnated with the obsolete idea of a periodical revolution in the system. In conclusion, he called upon history to strengthen his points in relation to the potency of a first vaccination.

Dr. Woodward made some extended remarks upon the subject. He, too, took the position, that the protective influence derived from vaccination was permanent.

The pustule of a vaccination passed through regular stages, and in

proportion as it failed to pass through these, its efficacy was diminished. He had never been vaccinated but once, and although he had frequently been exposed to small pox, he had never contracted it. A genuine vaccination could not be obtained from the virus of a revaccination. The vaccine disease that would thus follow would be spurious, and would not protect.

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For the Medical and Surgical News.

Quackery.

In every profession or trade,
 Save that which pertains unto health,
 Some honest pretension is made
 By those who pursue it for wealth.
 In all there is a tangible form,
 The senses can grasp them at once,
 And prove them for right or for wrong,
 None need be deceived but the dunce.

The honest mechanic may work
 At whatever trade he may choose,
 House carpenter, cabinet, or clerk,
 Or Shermanlike making up shoes;
 His wares the product of his hand,
 His knowledge of business will tell
 So plainly, we all understand
 His fitness his post to fulfill.

The lawyer may plead for his fee,
 Or counsel his client for sport,
 His knowledge, we plainly can see,
 For he *tells* it, by pleading in court.

The preacher of God in the desk,
 Must prove himself honest and true.
 Or soon he's discharged from his task,
 And branded with infamy too;
 These men of Melchisedek's line,
 These "Spiritual lights" to our feet,
 Oft perpetrate heinous crimes,
 Hid under a eloak of deceit;
 Thus many may prosper a while,
 In affluence revel about,
 The righteous and honest beguile,
 But "mischief and murder will out."

The Doctor! the Doctor!! good Lord!!!
 That word must belie its intent,
 Which once was a title of lore,
 But now of the ignorant—unlearned,
 Who practice by "Dutch hex" and charms,—
 Who secret recipes always have,—
 Who conjure—believe in alarms,

Of ghosts, of hobgoblins or knaves;
 Who gets up a liniment or salve,
 For "rheumatics," "sore-eyes," and the "gout,"
 "Piles"—"toothache"—"dry gripes" and who have
 "Phoenix bitters" to drive the *dead* out.

There are those that not ignorance alone,
 But dishonesty marks every step,
 If to wrath or distinction they're grown,
 Care not by what means they get;
 These men are penurious knaves,
 To accomplish their infamous ends,
 Must study to shorten the days
 Of pupilage—too stingy to spend
 The requisite amount of time
 And cash, to become learned men:
 But content with "blind lead the blind,"
 "Tho' the ditch receives all in the end."

These fellows will hang out a sign,
 (Embellished with letters of gold,)
 Of "Homœopathy" of Hahnemann's line,
 Or "*Eclectic Fusion*"* of old,
 "*Electro-Magnetic*" "*Botanic*,"
 "Thompsonian doctor"—Cayenne,
 "*Analytic*," "*Mesmero-galvanic*,"
 "*Root doctor*," and "*Urescopean*"
 "*Knisispathy*," the system of Sing,
 The Sweed of great genius and wit,
 "*Hydropathy*," for cleansing the skin,
 Or the plan of the Dutchman Presnits.

In aid of these pedantic signs,
 News-papers are chartered by gold,
 To "puff" charlatans to the skies
 But their ignorance and crimes are untold.
 By means of such wiles and intrigues,
 Quacks bask in the circles of wealth,
 While the *dupes* of their *infernal* leagues,
 Are robbed of their money and health.

They're dishonest—not only to man,
 They rob "*Demon Death*" of his prey,
 By their one idea curative plan
 More patients than Hornbook they slay.
 Who did (if we believe the Scotch bard,)
 Kill twenty, to one killed by time,
 But *they* died by means of his art,
 As *now* by the same Hornbook line.

Begone from my sight wicked quacks,
 Begone with your bottles of dirt,
 Begone with your fine labeled packs,
 To a place you'll do man no more hurt;

*Now it spelled thus on a sign in Cleveland in 1940.

Begone with your secret recipes,
 Begone with your liniments and salves,
 Begone with your fine printed sheets,
 Which puff the loud praise of yourselves,
 Begone from intelligent land,
 Begone to the regions of night,
 Begone to the place of the damned,
 Or reform and acknowledge the right.

But hold limping muse, let me ask,
 Are all the fraternity so;
 Dealt equal to friend and to foe;
 So cower you dull lazy bitch
 Seek pardon for this crazy rhyme,
 From that *noble* profession, which
 Is true to Hippocrates' line.
 From those sages of learning profound,
 Who have delved in the earth and the seas,
 From natures rich treasures have found,
Palliatives for all human disease,
 Who have labored from youth to old age,
 To disseminate knowledge abroad,
 To those who will come on the stage,
 When they leave for their rest and reward.

Ithaca, Ohio, April 10, 1861.

ALPINE, JR.

Field Service.

The following excellent remarks upon "*Field Service*" we find in the editorial department of the *Philadelphia Medical and Surgical Reporter*. As a civil war is now upon us, and as many of our young surgeons will go forth with the armies, we have copied the article as apropos to the times. The advice it contains is good, and should be heeded by all for whom it is intended. There are no duties more responsible than those of the army surgeon, and no pains should be spared to properly discharge them. *

The policy of our nation being eminently one of peace, military medicine and surgery, so familiar to the readers of European medical journals, and entering so largely into European medical politics, is only seldom heard of in journals or among the profession on this side of the Atlantic. The exigencies of the times in our country, however, threaten to call into active service a very large military force, a very important part of whose officering will consist of surgeons. It will be the duty of these men to adapt themselves to their new positions. They must make themselves familiar with the routine of duty, whether in the camp, the field, or on ship-board. Military hygiene, as well as military surgery, will demand their most serious attention. The health of thousands of brave men will be confided to their care, and they may, by the adoption of proper sanitary measures, be able to prevent much sickness, which is always of more importance than to cure it after it is once established. If in the progress of events,

contending hosts should meet in sanguinary conflict, (which may Heaven avert!) their knowledge of anatomy and familiarity with the operations of surgery will be put to a severe test. They must hold themselves prepared to meet every surgical emergency, bearing in mind that almost every year brings into use some new form of weapon of warfare, causing wounds which require new expediences of treatment. During the recent war in northern Italy, it was found that some of the new projectiles did much more damage to the bony structure than the simple rifle ball, requiring much patience and skill on the part of the surgeon. The use of anæsthetics, which have never yet been employed in our military surgery, will, should necessity call for it, be found a priceless boon in the hands of the surgeon.

Let not those whose duty or inclination call them into the employ of the government, in either branch of the military service, as surgeons, underrate the importance of what is ordinarily termed "minor surgery." Let them familiarize themselves with the different forms of bandage, and their application, with the proper modes of preparing fracture apparatus for use, and their adjustment, and with the gentlest, most speedy, and most effective mode of dressing minor injuries: bearing in mind that more real surgical aid is often displayed in these smaller operations in surgery, than in the larger and more showy ones.

Above all let them remember that their mission is one of mercy, to relieve suffering, and that circumstances may call them to minister to friend and foe alike. This service, if rendered in the spirit which should actuate our profession, will be accorded as cheerfully and with as great alacrity to enemies, as is consistent with their first duty to the wounded of their own army.

We have thus early given expression to the above thoughts, as it is probable that some, for whom they are intended, will very soon be placed in circumstances that will deprive us of the opportunity of reaching them.

Probationary Houses for the Treatment of Incipient Insanity.

DR. ANDREW WYNTER.

There can be no doubt that the law, as it at present stands, with regard to the incarceration of persons of unsound mind, is fast giving way. As long as the term "lunatic" was limited to the raving maniac, the seizure of the unfortunate individual by any stratagem, and his forcible detention in an asylum, were procedures imperatively called for; but with the growth of psychological medicine, this acute type of mental disease has descended to a subordinate place in the category of mental afflictions; and the alienist physician is called upon to treat an infinity of cases which heretofore would not have been considered to come within his specialty at all. The almost infinite shades of mental alienation—the very flutter, as it were, of the mind between sanity and madness, which we are called upon to watch more narrowly year by year—has introduced a state of things to meet which the lunacy law, as regards asylums, is becoming every every day more unsuitable. We see evidence of this truth in the many disputes which have arisen between the Lunacy Commissioners and the proprietors of asylums with regard to the admission of patients upon (so called) improperly

filled up certificates, and in the law-suits which have been instituted by patients against those whom they have accused of detaining them while in a sane state.

The reason of this unseemly struggle is clearly traceable to the difficulty of fixing the exact amount of madness which renders a patient liable to be certificated. So great has this difficulty become, that it is a well known fact that many physicians absolutely refuse to sign certificates, except in cases of confirmed lunatics. This growing indisposition to sign on the part of the profession—an indisposition forced upon them by the inelasticity of the form of the certificate itself, and by the literal manner in which it is read by the Commissioners—is, however, a great calamity to the patient himself, inasmuch as, during the hesitation to sign or not to sign, the golden moments are allowed to slip, during which proper curative treatment is found to be so effectual.

We are not at all astonished to find that Mr. Gaskell; one of the medical members of the Lunacy Commission, has given expression in the "Asylum Journal" to the general feeling in the profession that, in order to meet this difficulty of the certificate in the incipient stages of insanity—a difficulty which is filling our asylums with confirmed lunatics—there should be established probationary houses for the treatment of the earlier stages of insanity. He says:

"It seems desirable to extend sanction to a class of houses into which patients should be allowed to place themselves voluntarily, or to be admitted on less complicated or stringent documents; and further that in them a limited control only should be exercised over the inmates, extending possibly to certain rules of the house, a required presence at the family table, return home at an early hour, and strict prevention of absence during night-time. Such places, offering an agreeable change of scene, quiet and retirement, as well as the benefit of good advice, would afford a means of treatment much to be desired for incipient and transient cases."

The necessity of such probationary houses as these we have ourselves pointed out years ago in the pages of the "Quarterly Review." We rejoice, therefore, to find one of the most enlightened of the Commissioners giving a quasi-official weight to the scheme. It must be remembered, however, that upon the amount of official interference thrust upon such establishments must depend their usefulness. Any system which placed them in the position of *petit* asylums would at once render them useless. The further such establishment departed in their management from that which obtains in private houses, the more effete they would become. We do not know what amount of supervision Mr. Gaskell would propose the commissioners should have over such houses; but it must be quite clear that anything like an active interference would at once identify them with the regular asylums, and thus utterly mar their usefulness.

The value of such establishments for convalescents from insanity must also be apparent. They would serve to pass the patient through the transition state from the seclusion of the asylum to the busy, bustling work-day world. It has often happened that the too abrupt departure of a patient supposed to be cured, has been followed by his immediate return to the asylum in a more melancholy condition of insanity than before. It strikes us that, with respect to these conva-

lescent cases, a much stricter system of supervision would be both useful and tolerated than in the cases of incipient or transient insanity, inasmuch as the major examination, if we might so term it, would include the minor one—in other words, a person who had once suffered the stigma of having been in an asylum, would not object to the mild rule of a convalescent establishment. If probationary houses were established with only a fair amount of freedom of action, there can be no doubt that an immense amount of incipient insanity, at present hid in water-cure establishments, and private houses, would at once come to light; but, as certainly as the legal supervision became strict, so certainly would these cases return again to private families, where alone that publicity, which it is so natural that the friends of the afflicted should deprecate, can be effectually avoided.—*Brit. Med. Journal*.

On the Detection of Sugar in Urine.

We have received a communication from Mr. Attfield, which has also appeared in the *Chemical News*, having reference to Böttger's test for sugar in urine. It will be remembered that this test consists of adding a few grains of ordinary transnitrate of bismuth to a portion of the urine, then pouring in an equal volume of a strong solution of carbonate of soda, and heating the mixture. The presence of sugar is indicated by the formation of a deep brown or black color, due to a reduction of the oxide of bismuth. Böttger originally devised this process to obviate some of the sources of error which frequently attend the application of Trommer's test. It is well known that the presence of certain constituents of the urine, and especially of uric acid, in abnormal quantity, may cause a reduction of the oxide of copper in the application of Trommer's test, without sugar being really present. Oxide of bismuth was found to be certainly not affected by uric acid, and to that extent, therefore, might be considered as preferable to oxide of copper.

Mr. Attfield has been engaged in some experiments on the applicability of Böttger's test. He states that it is far more delicate than Trommer's. He finds that by it abundant indications of the presence of sugar can be obtained in an aqueous solution so dilute as to give no reaction with Trommer's test. But he also finds that the presence of albumen in the urine will cause a reduction of the oxide of bismuth, and introduces, therefore, a source of error. He states that the action of albumen is far less energetic and complete than that of sugar, but that blackening does occur, and to a greater extent than could be accounted for by the influence of the sulphur present in the albumen. Moreover, some of the constituents of healthy urine appear to interfere to a certain extent, for the author states that "nearly all specimens of urine color more or less the basic nitrate of bismuth." Mr. Attfield therefore objects to this test as a means of detecting sugar in urine, because of its extreme delicacy, and because other substances and especially albumen, may produce the same reaction. For the mere detection of sugar in alkaline solutions generally, it is, however exceedingly sensitive. The author concludes his communication by recommending Trommer's test, which he considers, "for medical purposes fulfills all desirable conditions."

There can be no doubt however, that Trommer's test is subject to

certain objections. Mr. Attfield, in his paper, does not mention the test commonly known as Moore's, which consist in adding to the urine an equal volume of liquor potassæ, and boiling for some minutes, when, if sugar is present, a peculiar and very characteristic brown coloration is produced. This test is subject to many less objections than either of the above, and is now very commonly employed in the examination of urine, and for the detection of grape sugar generally. This test possesses, in addition to its being very trustworthy, one great advantage—namely, that it can be almost as readily used for determining the amount of sugar as for recognizing its presence. This depends upon the fact, that the depth of color produced bears a strict relation to the amount of sugar present. If, therefore, a standard solution of grape sugar be prepared, and a given quantity colored to the fullest extent by boiling with potash, upon taking an equal quantity of the urine and treating it in a similar manner, by comparing the colors and diluting till the tint is equal, the portion of sugar present in the urine is readily arrived at.—*London Pharm. Journal*, Jan., 1861.

Mechanical Treatment of Cicatrices.

The London correspondent of the *New Orleans Medical and Surgical Journal* says:—"At the Orthopædic Hospital, I had an opportunity, a few days ago, of observing, under the guidance of Mr. Holmes Coote, the happy effect of mechanical treatment in many cases of club-foot, lateral curvature of the spine, cicatrices following severe burns, etc. It has happened to me on many occasions to have watched the treatment of these cicatrices, and to have had to record in my note book the almost uniform failure of all operative procedures adopted for their cure. I have witnessed the excision of the entire surface *en masse*—its gradual removal; the substitution of healthy tissue from various parts of the body; the division of the cicatrix by many small incisions, varying each from half an inch to an inch in length, and placed in parallel lines of one or two inches apart throughout its whole extent, but in no case do I find anything like satisfactory results; the last-mentioned plan; indeed, adopted by Mr. Skey, and which gives the altered structure very much the appearance of a piece of net-work, when combined with gradual extension, has promised well, and the patient has returned home, after healing of the wounds, much benefited by the operation; but the improvement has, I fear, in most cases, been temporary, so great is the contractile power in the deformities.

"Mr. Coote attracted my attention to several patients in different stages of treatment, in whom the cicatrix, the result of a severe burn upon the chest and neck, had involved in its contraction the chin and under lip; both of which were drawn down upon the sternum, and there immovably fixed—the entire eversion of the lip and consequent flow of saliva over the surrounding tissues rendering these poor patients most repulsive in appearance. All such cases notwithstanding their severity, and the almost ligamentous character of their adhesions, were treated by extension only, applied by a simple mechanical contrivance, and persevered in for many months—the results being most happy. A well-fitting ring of metal, padded, is fixed round the patient's waist, forming the support behind, of a steel upright, which

again is steadied in its position by straps around the shoulders, from the upper end of this project forward on each side of the neck, and beneath the chin, too well padded supports, fixed to the upright by movable screw and cogwheel joints, by which they may be raised or depressed by means of a key, at pleasure. By this simple contrivance, permanent, steady extension is effected, resulting in the most perfect cures."

On the Action of the Iodide of Iron upon Phthisis.

BY DR. COTTON.

Dr. Cotton tests the action of this compound upon twenty-five cases, not selected, but taken just as they arrived at the hospital, those only being excluded who either were at too advanced a stage to admit of any remedial treatment, or which happened to be laboring under some inflammatory or other important complication.

The iodide was administered in the form of the *syrupus ferri iodidi* mixed with water, in doses of a drachm, twice and sometimes three times a day. It was continued, according to its effects, for various periods; the shortest one month, and the longest three months.

Of the twenty-five patients, eleven were males and fourteen females; their ages varied from eighteen to forty years. Eight were in the first stage of the disease; three were in the second stage; and fourteen presented positive evidence of pulmonary cavities. In ten cases there was great improvement; in four, moderate improvement; and in eleven no improvement.

In analyzing these results, it was found that of the ten greatly improved, four were in the first stage of the disease, and six in the third. Of the four moderately improved, one was in the first stage, one in the second, and two in the third. Of the fourteen in whom no improvement was noticeable, three were in the first stage, two in the second, and nine in the third.

Three cases of improvement were decidedly marked; two of these patients, whose disease was only in the first stage, left the hospital with their pulmonary affection quiescent, and apparently restored to health, calling themselves indeed "quite well;" and the other, although more advanced, and in the first stage of phthisis, was marvelously improved, and able to resume his occupation.

In two cases hæmoptysis came on during the administration of the iodide, and in two the iodide was discontinued on account of headache and dyspepsia. The spitting of blood probably was in no way attributable to its use; hæmoptysis having occurred previously in the same patients; but the other symptoms, having ceased or diminished with a change of medicine, might perhaps be fairly referred to its employment. Except in these instances, the iodide of iron appeared to agree very well with the patients, several of whom improved very much in appetite and strength.

Three of the patients in whom there had been no improvement afterwards derived benefit from other medicines.

In eight of the cases cod liver oil was occasionally taken in combination with the iodide, one half of these were found to belong to the *class of improved*, the other half to that of not improved.

Of the fourteen improved cases, ten gained in weight, some of them very considerably, three remained *in statu quo*, and one lost two pounds while under treatment. The improvement, however, was not always in proportion to the increase of weight, some of the patients who had increased the most having improved the least.

It is, perhaps, worth recording that one of the patients took, accidentally, an ounce of the syrup, which would contain thirty-two grains of the iodide of iron. It produced a distressing feeling of weight at the epigastrium, attended with nausea and subsequent purging. For several weeks afterwards there was a loss of appetite, depression of spirits, and a constant feeling of uneasiness in the region of the stomach, all of which, however, gradually passed away, leaving the patient apparently none the worse for the overdose.

After making due allowance for the influence of concomitant circumstances, such as rest, hygiene, and hope, all of which claim a prominent share in the improvement of all hospital patients, we are justified, Dr. Cotton, thinks, in arriving at the following conclusions:

1. Syrup of the iodide of iron, in doses of a drachm twice or three times a day, occasionally produces headache with some dyspeptic symptoms; but, for the most part, it is found to agree very well with consumptive patients.

2. Although very far from exhibiting what might be termed a *specific* effect, it nevertheless seems to act very beneficially in a fair number of consumptive cases, especially in those where the disease is only in an early stage.

3. Under its influence the patient's weight is generally increased.—*Med. Times and Gazette.*

Therapeutical use of *Digitalis*.

In an able paper on this subject, published in the *Gazette Hebdomadaire*, by Dr. Germain, that gentleman comes to the following conclusions:

1. That in spite of the opinion expressed by Sanders, which is in contradiction to all that has been observed, *digitalis* retards the frequency of the contractions of the heart.

2. That nothing demonstrates that it enfeebles the force of the contractions of the heart, while theory, physiological experience, and his own observations, prove that one of its mediate effects in cases of contractions of the orifices of the heart is to augment them, and that, in consequence, there is no danger in giving it in cases where the energy of the heart seems diminished.

3. That the frequency of the contractions of the heart, in cases of obstruction of its orifices, prevent this organ from returning to a functionally normal standard, and keep up the disturbance of the circulation; and *digitalis* having the property of diminishing the frequency of the contractions, it is not necessary to look for another mode of action to explain the amelioration which in these cases follows the administration of this article.

4. That we can find nothing in the writings of authors which proves that *digitalis* possesses diuretic properties; and that this reputation, ascribed to it by Withering, seems to have been accepted without discussion by all who have followed him.

5. It is very true that in organic affections of the heart, in which the use of digitalis produces an amelioration in the circulation, it is often followed by an abundant diuresis, but that the diuresis in this case is only a mediate effect caused by a return of the circulation to a normal state.

6. That all authors are unanimous in ascribing to digitalis a powerful action upon the stomach; that in small doses it stimulates the appetite, but that in doses sufficient to act upon the heart it produces anorexia, even nausea, and may become a cause of dangerous dyspepsia in a great number of cases.

The following final conclusions are readily deducted: digitalis, possessing the property of diminishing the frequency of the contractions of the heart, should be employed in the affections of this organ, consisting in a contraction in one of its orifices.

It should be employed in these cases because the frequency of the pulse opposes itself to the return of the circulation to its normal function; but we should be careful in administering it in other affections, accompanied by palpitations; and for two reasons; one, because the relief which it may procure is insignificant; and the other, because while it does not act upon the original cause of the disease, it generally does only retard improvement by producing derangement of the digestive functions.

Finally we should be careful in administering it in cases of dropsy not caused by affections of the heart. Digitalis possesses no diuretic action, and its employment under this title is dangerous, because it may, in producing dyspepsia, become an obstacle, or may advance the fatal nature of the malady.—*Nashville Jour. of Med. and Sur.*

Tannin an Antidote against Strychnine.

As antidotes to strychnine are very rare, it is with the greatest satisfaction that we receive any that are offered us, particularly when they are given as the result of numerous experiments. We extract from the *Journal de Pharmacie et de Chimie* the following note:

“As the result of his experiments on rabbits and dogs, Dr. Kensak draws the conclusion that tannin, promptly administered, is the best antidote against poisoning by strychnine. The quantity of tannin should be in proportion to that of the poison; the doses should be, in fact, rather large, as the contents of the stomach may absorb a part of the medicine. The tannin is preferred, on account of the readiness with which it may be procured as it exists in the nutgall, which should be given in powder with water, while an infusion or decoction is being prepared. For each grain of strychnine it is well to give at least one hundred and fifty grains of nutgall. Many other substances containing tannin might also be given in case of necessity. Vegetable acids and alcoholic substances should be avoided. We must take care, also, to prevent any sudden movement, as the symptoms are thereby increased.

“Nutgalls contain, according to Sir H. Davy, 26 parts in 100 of tannin; according to Pelouze, 40 parts; so that if we administer the pure tannin, the dose would be from thirty-nine to sixty grains for each grain of strychnine. But as tannin is a comparatively innocuous substance, we need not be over-accurate, so long as we give enough of it.”

Persulphate of Iron as an Internal Hæmostatic.

A paper was recently read before the Society for Medical Improvement at the Long Island College Hospital, on the efficacy of the persulphate of iron as an internal remedy in passive hæmorrhage of the lungs, stomach or any other viscus. Three cases are given in illustration of its effects, one of hæmorrhage of the stomach, one of hæmoptysis, and one of hæmaturia, in all of which it proved most effectual. Dr. A. Hallet says, as reported in the *Medical Times* :—

"In administering the persulphate of iron, care should be taken to have it largely diluted, and not to give too much at a time, as from its astringent effect on the mucous coat of the stomach, it is apt to be immediately ejected. I would also state that I have used it in profuse menstruation with a like happy result. I presume that it checks internal hemorrhage by exerting its astringent principle upon the capillaries, and also in hæmaturia, by correcting the alkaline condition of the urine, which is said to excite bleeding by its irritating qualities. Inflammation should preclude its use, until it is overcome by appropriate remedies.

"In Dr. Hamilton's patient, who was operated upon in this Hospital four days ago for vesico-vaginal fistula, profuse hæmorrhage came on yesterday, from the bladder, so much so that quite large clots were expelled through the urethra, and the patient began to sink from loss of blood. I understand from Dr. Lynch, that every other means having failed to arrest the hæmorrhage, recourse was had to the solution of persulphate of iron internally, when the bleeding stopped. But whether 'post hoc, ergo propter hoc,' is true in this case, I am unable to say."

Sub-Nitrate of Bismuth as a Dressing for Blisters, etc.

Dr. John E. Wright, of Augusta, La., (*New Orleans Medical and Surgical Journal*,) highly recommends the topical application of the sub-nitrate of bismuth in blisters, especially on young and irritable subjects. His attention was called to it by a notice of Dr. Richardson, of New Orleans, of its good effects as an application to burns, scalds, etc. Of its application in blisters, Dr. Wright says :

"The prompt relief from suffering, and the charm-like change in the character of the denuded surface, from a fiery, inflamed, and angry aspect, to that immediate healthy action and rapid restoration of the cuticle, so encouraged me in the use of the remedy as not only to apply it subsequently in several similar cases, with a like happy result, but to recommend it unhesitatingly to my professional acquaintances, who are unanimous in their expressions of satisfaction and delight at its effects.

"Make a paste of linseed oil and sub-nitrate of bismuth, about the consistency of very thick cream, and apply it carefully with a fine, soft mop, or camel's hair brush, so as completely and perfectly to cover every part of the affected surface with a thick coating of the paste; over this apply a thin, soft cloth of old linen, slightly lubricated with linseed oil; then a layer of thin, soft bats of carded cotton; then a thin broad bandage, smoothly and evenly applied to retain the whole in situ, and your trouble is over with that blister. No torture from mopping,

washing and dressing is subsequently necessary. No noisome, greasy rags, or foul cabbage leaves, or poultices are required. All that is necessary is occasionally to raise the dressings, and carefully retouch any part of the blister with the bismuth paste, which may have become bare from moving about, etc. In a word, keep the part constantly and thoroughly covered with a thick coating of the paste, and light soft dressing over it.

"The recent introduction of bismuth as an injection for vaginal leucorrhœa, for gonorrhœa, etc., etc., and its known efficacy in many morbid conditions of the mucous membranes, would naturally point to its efficacy in an equal degree, when applied to denuded surfaces."

A Case in which Portions of the Fœtus made their way from the Uterus, through the Abdominal Walls by Ulcerative Process. Patient Recovered.

BY DESAUSSURE FORD, M. D., OF MEDICAL COLLEGE OF GEORGIA.

Mrs. H——, widow aged 35 years, stated she had been delivered of three children—one still living, the other died of trismus nascentium—with a third child had been pregnant, about five and a half months, up to January, 1860, when she aborted, the presentation a footling; the trunk, superior and inferior limbs protruding beyond the vulva, the head remaining confined tightly by the contractions—which must have been anomalous—of the os tincæ. Fearing detection, (for her pregnancy was the result of criminal intercourse) she cut off that which was hanging from her, when, to use her own language, the head went back. She supposed the fœtus to have been dead about nine days. When questioned, she denied that there was any bleeding, or other discharge at the time, and could give no account of the cord, or placenta.

April 18th.—Four months after this most strange and unnatural occurrence, Mrs. H—— was admitted into the Augusta City Hospital, with a fistulous opening immediately below the umbilicus, which was discharging, very freely, a dark yellow and offensive matter, undoubtedly partly fecal which could be accounted for after the extraction of the bones. She continued in this state until July 25th, when I took charge of the Hospital, discovering the bones of a foetal head protruding through this opening, then about two inches in diameter. In receiving a report—not a detailed one—from the attendant physician before my service, I gathered: that she was affected with chronic constipation, which was at first relieved by enemas and cathartics, which latter—castor oil was generally used—he thought could be detected in the secretions from the fistulous opening.

At first I supposed this a case of extra-uterine foetation, indeed the opinion was unsettled, until the examination had been made, with the bones extracted. Mrs. H—— was in a deplorable and emaciated state, a condition inviting prompt relief, by surgical operation, which I performed on the 27th. It was not necessary for an incision of the walls of the abdomen, but bone after bone—the soft parts surrounding them having been disorganized—was extracted by a rotary traction with a pair of strong forceps, which bones were the following:—two parietal; two temporal, without petrous portion attached; one petrous

portion; one malleus; one tympanic bone; sphenoid; one malar; occipital; frontal, in two pieces; one scapula; radius and ulnar, with phalanges and metacarpal bones of one finger.

These bones are, in development, as near the size of a six months fœtus as could be determined, which fact substantiates her story, that she had been pregnant about six months. After these bones were extracted, a digital examination disclosed a large cavity, answering to the internal form of the uterus, which cavity, in the mesian line, had an outlet like the form and position of the passage through the cervix. This large cavity communicated, by an extensive opening, with the ascending colon, the finger readily tracing the interior of the intestine, above and below, as far as it could reach.

The 28th day after the operation, prescribed:

R Valet's Proto, Carb. Ferri, ʒj.
Water ʒviii—M.

Give a teaspoonful three times a day.

Apply to the wound, cloths wet with a solution of chloride soda. Had taken ʒj castor oil this morning—no effect. Fecal matter discharged through opening.

29th.—This morning passed a living worm, 4 inches long, through fistulous opening, with large quantities of fecal matter. Had an action through the rectum yesterday. Ordered an enema of warm salt and water.

30th.—Ordered daily enemas of warm water every morning, an hour after breakfast. Fecal matter discharging.

31st.—Fecal matter still discharging, though much diminished in quantity. Strength better.

August 2d.—Passed a worm through the opening. Had an action through rectum, after enema. Ordered, instead of enema in the morning, castor oil ʒj and spts. turpentine gtts. v.

August 4th.—Fecal matter still discharging. Continued enemas. Strength much improved.

August 9th.—Continue treatment, Condition some better. Left the city and record was not kept until,

August 14th.—Is having natural operations through the rectum, with very little discharge from opening. Strength and general condition improved.

August 18th.—Had an attack of gastralgia. Ordered gtts. xxx tinct. opii. and mustard over epigastrium. Continued to improve daily, having natural evacuations through rectum, with fistulous opening very nearly healed, and no inconveniences from discharges. Mrs. H—— left the Hospital September 7th, two months and ten days after the extraction of the bones.

Remarks.—The fact that a fœtus has escaped through the abdominal walls, by ulceration, and the patient recovering, indeed, impregnation existing, after such an accident, is by no means novel. (See report of a very remarkable case of Extra-Uterine Fœtation in Keating's edition of Ramsbotham's System of Obstetrics, page 580.) In this case it will be noted that a fistulous opening was made, by ulceration, into some portion of the intestinal tube, and still the patient survived, but exactly the counterpart of the case of Mrs. H——. I cannot find in which the uterus itself retained a part of a fœtus, that part ulcerating through its walls, being extracted as detailed.

The fiendish criminality, and unnaturalness of the act of cutting off a fœtus, on the part of the mother, and the apparent discrepancy of her account, together with some of the bones extracted, viz: a radius, ulnar, scapula, phalanges would seem to invalidate the opinion formed of the case; not so; however, when we consider all the circumstances; especially the fright, solicitude of the mother in any attempt, however enormous, to avoid detection. The fact of these bones of the arm having been found will explain, in a measure, the difficulty of the delivery, in that a footling presentation, *unless* one of the arms remains impacted with the head, could have been easily delivered, if the head was not abnormally enlarged, her statement, the inferior and superior limbs and trunk hanging out, to the contrary notwithstanding. The absence of the presence of a humerus; a second malar bone; a second petrous portion of temporal bone; a second tympanic bone, &c., explains a statement she made, that some small bones had come out of the fistulous orifice from time to time. Why, then, the *number* of these bones indefinite, might not bones have escaped, which would show the case one of extra-uterine fœtation? Because, by examination, after the remaining bones had been extracted, neither the opening into the colon, nor the passage through the cervix uteri, could have been confounded with the openings through the fallopian tubes, their size, form, position excluding the possibility of such an error.

The time which elapsed after she aborted, before the first appearance of the opening in the abdomen, could not be determined, and the exact condition of Mrs. H—— from the time she severed the body of the fœtus from the head, to the time she was admitted into the Hospital is unknown, the probability, however, is that the detritus of the fœtus passed out per vaginam, and the uterus contracting down upon the bones of the head caused them to ulcerate their way through its walls. Adhesive inflammation was set up, which prevented the escape of the discharge into the peritoneal cavity, the exudation of plastic lymph, forming a distinct cavity, by agglutinating the edges of the uterus with those of the abdominal walls. The fistulous opening into the colon was, most probably, formed by the bones cutting through its walls. The exudations of plastic lymph, as in the external opening, formed adhesions similar to an artificial anus. This internal opening, so to speak, had closed entirely before Mrs. H—— left the Hospital, as evidenced by the absence of any fecal discharge.

It is unfortunate the patient did not remain in the Hospital until the perfect closure of the opening through the abdominal walls had been effected; it was, however, granulating healthily, then about $\frac{1}{2}$ inch in diameter; this fact, with her generally improved condition, warrants the opinion of recovery, the principal difficulty (the opening into the intestinal canal) having already been perfectly closed.

Mrs. H—— was much agitated at the probability of legal investigation, suggested by some of her female enemies, who, hearing the horrible enormity of her mode of delivery, seemed determined to torture the unfortunate wretch by exposure. With this anticipation hanging over her, she left the city by stealth. Means were employed to follow her, but with no success.

Southern Medical and Surgical Journal.

Formation and Spontaneous Cure of Artificial Anus.

BY CHARLES H. OSBORNE, M. D., OF NEW YORK.

Elizabeth Dalmage, native of Scotland, aged 46 years, of a remarkably strong constitution, on the 1st of December, 1860, while lifting a heavy weight (to express it in her own language,) "she felt something give way." She continued at her work during the remainder of the day, feeling very little pain. Upon retiring to bed she first made the discovery of a large tumor in her right groin, which proved to be a direct inguinal hernia. She states that, while feeling this tumor, she became nauseated, and afterwards vomited. She was advised by some friends to apply linseed poultices, which she continued to do until I was called to see her, on the morning of the 3d of December, two days after she had received the injury. I found her laboring under a high fever, full, quick pulse, and complaining of great headache. Upon making an examination of the parts, I found a tumor about the size of a teacup, with a spot of gangrene half an inch in diameter on each side. Upon touching the tumor, the lower spots gave way, discharging a large quantity of offensive pus. I prescribed as a local application yeast poultices, and administered opium internally. I called the same evening and found the fever much abated, pulse reduced to about 90. Soon after I had left in the morning, she had had an inclination to take a stool, and upon straining, several inches of gangrenous gut protruded from the lower opening, followed by a large quantity of half digested food. I removed the dead portion of the gut and cleansed the wound with soap and water, reapplied the yeast poultices, and continued with the opium, one grain every three hours.—*Dec. 4th.* Fever lessened, pulse 80. Inflammation subsided in the tumor, discharge of pus and small quantity of food; continued the same treatment, the wound being cleansed before the application of each poultice. *Dec. 5th.* Pulse 60, but very weak, strength failing fast. Cold extremities, nausea and vomiting. The administration of opium suspended; ordered beef-tea, wine-whey, etc. From this date the wound rapidly healed by granulation, adhesion taking place between the edges of the gut and the wound; and on the 18th the old passage was re-established, and she had a very comfortable stool from her anus proper. By the first week in January the wound was entirely healed, and the patient was in the enjoyment of her usual good health.—*American Medical Times.*

Science in Union.

The admirers of the institution of our French neighbors have been wont to justify their admiration by a reference to the scientific organization of the *savans* of Paris, as affording an instance of superior arrangement and more perfect order; and indeed there is something imposing and authoritative in the associated meetings, the official reports, and the administrative relations of the great scientific bodies of Paris, of which we can offer but an imperfect similitude. The meetings of the Institute of France, the reports of the Committees of the Academy of Science and of Medicine, have the highest authority, and assume the most dignified forms of public exposition. It is true, indeed that the perfect centralization and governmental relations of

science in Paris have their peculiar disadvantages. By way of papers referred to the learned bodies by the Secretary for the Interior almost every species of quackery and folly has in turn forced itself within the scientific circle, and raised its head, if only to be crushed, yet with so much assurance and clamor as to have spread for the time throughout Europe the delusive news that it had been received into scientific society. In France, too, the patronage of Government has necessarily brought with it nepotism and political passion, elements alien to the growth of science. The most coveted honors have been sometimes bestowed or withheld in obedience to the whispers of power or of party. In England we have hitherto preferred the diffused pleasures of freedom to the concentrated power of a rigid centralization. Our Medical Societies are scattered, self-governed, and self-dependant. In striving now to reach a phase of general combination, they seek also to retain their individual autonomy. At any rate the Medical Societies of London, in whatever form amalgamated, will always preserve for their members a perfect immunity from external dictation. The charter under which such an amalgamation may be effected will probably receive the royal sanction in the course of this year. In the excellent address of M. Skey, the past history and glories of the Medical and Chirurgical Society were ably sketched. But there can be no question that the good influence of this and of all our Medical Societies would be greatly increased by their amalgamation, which we hope is not far distant. Mr. Skey gave forcible expression to an opinion much and, as we think, wisely held, that questions at issue of public importance should be sifted by committees, and when these committees can be appointed from all sections of the profession, and their reports discussed in the presence of truly representative meetings,—committees and meetings representative not of a section or of a clique, but of the whole body medical,—then their decisions may attain an unequalled and invaluable authority, which will often help to guide and tranquilize the public mind.—*London Lancet.*

An Epidemic Tracked.

There are few more important questions in connection with the management of the health of sailors in tropical climates, and the resolution of some difficult points alike interesting to science and commerce, than the determination of the conditions under which epidemic diseases, such as yellow fever and cholera, arise and are diffused. It has been an old and with some is still a favorite belief that yellow fever is a disease not infectious, but solely due to a peculiar constitution of the atmosphere—strictly limited indeed in locality, and arbitrarily bounded in duration. There is the gravest reason to doubt and even to deny this view. At a highly important meeting of a Society which has rendered great service to epidemiological science, and occupied itself with the discussion of some of the greatest sanitary problems which involve the welfare of the people, facts and conclusions were recently stated which lead almost irresistibly to the view that yellow fever is directly, intensely, and fatally infectious. Dr. Bryson's valuable paper at the Epidemiological Society, relating the successive outbreaks of yellow fever in a consecutive series of her Majesty's ships,

supplies a strong chain of facts. The ship *Icarus* had touched at Belize in August. There the yellow fever raged. Soon after leaving, her crew were attacked with the disease. Out of 120 persons 37 died. When the vessel reached Port Royal a pinnace was sent from the *Imaum* to assist in landing the crew. 11 out of 14 of the boat's crew from the *Imaum* were then also seized with yellow fever, and most of them died. Then one of the *Imaum's* crew, who had only come in contact with the officers of the *Icarus* and their baggage on shore, was taken with the disease which spread indiscriminately through the ship, attacking 38 persons, old and young, of whom 17 died. Again, the ship *Hydra's* boats were for two nights employed in rowing guard around the *Icarus*. Within two days the yellow fever attacked the crew of the *Hydra*. It spread through the ship, killing 8 of the crew; and was only extinguished by dispatching the *Hydra* to the northern latitude of Halifax, Nova Scotia. Finally when the *Imaum* became the seat of yellow fever, as above stated, after communication with the ill-fated *Icarus*, a number of supernumeraries were removed from her to the *Barracouta*, but as much as possible segregated from its crew. Nevertheless, it was soon evident that these men had brought the seeds of the fever with them. Cases of fever occurred among the supernumeraries, and then it spread to the crew of the *Barracouta*, its fatal ravages being only checked by the ship running into temperate latitudes.

The case seems terribly clear. The experiment was more awfully complete than any human hand could have devised. From one centre the disease radiated in three directions, and at each spot a fresh centre of infection and of death was established. Infection by yellow fever being once fully settled to be a hard truth—and we do not see how henceforth it can be doubted—it follows that the landing of the sick crew on their dispersion can only tend to multiply circles of epidemic disease. In this case and in others it was seen that nothing extinguished the disease like running into a northern climate, which is a speedy and a safe remedy. We fully concur in the forcible remarks of Dr. M'William. The duty of commanding officers should be defined and they should be bound to adopt this proceeding, as the best if not the only means of thoroughly arresting the plague. If from other paramount considerations the sick must be landed within warm latitudes where yellow fever can continue to exist, their strict segregation becomes a matter of the first importance.

If these definite conclusions meet with general acquiescence, at least the sad calamity we have recorded will not be without its useful lesson; and from the careful study to which it was submitted on the 4th ult. at the Epidemiological Society, we may hope that the means may be found of preventing the occurrence of disasters so widely fatal.—*London Lancet*.

Apoplexy and Narcotism.

The recent charge of participation in the crime of causing death by poison, urged against Mr. Spain, has been very summarily disposed of. It has been shown, immediately on the institution of a serious investigation, that not only was he perfectly innocent of any offence and highly to be commended for conduct of great kindness and generosity, but that the crime with which he was charged had never been committed.

Not only that he had not poisoned his daughter-in-law, but she had not taken poison nor died from poison. Her death occurred from apoplexy. Thus a very serious charge has been made against a perfectly innocent man; he has incurred, temporarily, the odium of a horrible suspicion, and has been subjected to the grave inconveniences of detention and public examination upon the groundless suspicion of being concerned in a crime which has never been perpetrated. The *primum mobile* was unquestionably the surgeon who was called to Mrs. Spain at the time of death, and this gentleman will rest his vindication upon the superficial resemblance between death from cerebral apoplexy and death from narcotic poisoning. He found the patient in a state of insensibility, her eyes closed, her countenance pallid, her pulse scarcely perceptible, the pupils contracted; and from these appearances "he had no doubt that she was laboring under the effects of some narcotic poison, and that her death had been produced by poison." The conclusion, however, by no means flows naturally from the facts stated. The above are well-known symptoms of cerebral apoplexy as well as of narcotic poisoning; and the absence of stertor is not a circumstance which need cause surprise or should properly be a source of error. The fact of the known difficulty of diagnosis between some cases of cerebral apoplexy and narcotic poisoning, if it suggests an excuse for error, commonly also ensures a degree of caution which renders error impossible. There is an obvious moral to be deduced from the misadventure of Mr. Nott. Charges so grave should not even be hinted in the absence of evidence in such a case. Until the body is examined, opinions are mere guesses; how fallible and how dangerous, the case will strongly show. The greater or less probability of the guess has really very little to do with the question. The presence or absence of the scent of opium as a rational ground for guessing was much discussed; but it forms no justification for an affirmative or negative opinion, until the body has been duly examined. A person dying from other causes suddenly may smell of opium; and one poisoned by opium may be wholly free from its scent. Guesses should be entirely discarded where Medicine walks hand in hand with law. Judicial science has only to discuss facts, and the importation of probabilities is fatal to its accuracy and destructive of its authority.

London Lancet.

The Physician's Finger.

A very extraordinary case, and one sufficiently disquieting to physicians, has just been tried in the Court of Assizes at Paris. An Auvergnat named Mourges rents a house in the Rue des Beaux Arts, and occupies part of it in the business of a charcoal dealer, letting out the remainder in lodgings. Amongst his tenants were a poor couple named Brin, and he used to make them pay their rent every fortnight in advance. On the 1st of January he went to their room to claim the money for the fortnight about to commence. Brin was absent, and his wife was ill in bed. He insolently called on the poor woman to pay him the money; but her medical attendant, Dr. Guzmard, who had entered just before, pointed out to him the impropriety of tormenting a sick person, and recommended him to return when her husband *should be at home*. But he began abusing the doctor, and at length

seized him by the collar. The doctor pushed him away with violence, and he fell. This enraged him, and jumping up he flew at the physician, caught one of his fingers between his teeth, and actually bit off the terminal portion at the first joint. In his defence the man pretended that in a struggle with the doctor the finger accidentally got into his mouth, and that by a nervous movement which he could not control he had bitten it off. The jury accepted this strange explanation and acquitted the man; but the Court condemned him to pay the doctor 3000 francs.—*London Lancet.*

Absinthe Drinking in France.

Fashion holds despotic sway in every phase of life. The drinking customs of nations yield to it. With us, hard cider has given way to lager beer, and in France, wine has been replaced by absinthe. A correspondent of a New York paper, writing from Paris says:

The frightful effects caused by absinthe drinking in France are just now exciting a good deal of interest in the medical fraternity. Absinthe is drunk in immense quantities by all classes of Society in Paris. In front of the magnificent cafes in the boulevards, between three and five o'clock in the afternoon, hundreds of gentlemen may be seen sitting, mixing and sipping this villainous green liquor, which is taken by way of an appetizer before dinner. Workmen drink it in the low, corner establishments of the "marchands de vin." In different portions of the city are establishments which are crowded from morning till night, in which the sale of absinthe is made a "specialty," and where nothing else is sold. Ladies of high families are reported to have yielded to its fascination. It has been exported, and is used to an enormous extent in all the French colonies, and statistics of exportation show that immense quantities of it are sent to America; and it may not, therefore, be uninteresting to learn something about the composition and effects of this seductive liquor, which, from the actual irresistible power which it wields over its victims, as well from the similarity of its effects and the general and increasing popularity it has acquired, may not improperly be called the "opium of the west."

What it is made of.—In a paper recently read before the Academy of Medicine of Paris, M. Motet, a physician, who has evidently devoted a good deal of attention to this subject, says, that the habitual use of absinthe causes a series of pathological manifestations extremely grave, and differing essentially from the effects produced by other alcoholic drinks. For ten years past, enormous quantities of it have been drunk in Paris. The murderous beverage has been taken to Algeria, where it has been greatly abused by the colonists and the army, and where the heat of the climate tends greatly to heighten its deleterious effects. The effect of large doses, or of the habitual use of this liquor is now well known, but the drinker returns to it in obedience to an apparently irresistible fascination, knowing that it is destroying him.

"Absinthe," which is a French word, meaning, in English, "worm-wood," is a liquor made by the distillation of a number of plants with alcohol. These are the tops of the wormwood, flag-root, anniseed, angelica-root, leaves of dittany, (*Origanum dictamnus*), and sweet marjoram. All these are placed in alcohol of very high proof, where they are allowed to remain eight days, when the mixture is distilled, and

half an ounce of the essential oil of anise is then added to each three gallons of the liquor. The first care after the distillation is to see whether the liquor has a good color, and whether it will "whiten" well, and, if it is lacking in these essentials, it is brought up to the proper point with indigo, tincture of curcuma, hyssop, nettles, and sulphate of copper. Absinthe, however, requires no adulteration to make it a positive poison. Composed of plants of highly exciting qualities, mixed with highly-concentrated alcohol, it acts directly upon the nervous system, having a much more positive effect than other alcoholic liquors. In the process of distillation, the plants furnish several volatile oils which are among the most violent poisons, and, beside these, it be remembered that a large quantity of the essential oil of anise is added. Probably few persons in mixing their absinthe, have ever stopped to consider the cause of the "whitening," or ever thought that the better the liquor "mixes the more powerfully poisonous it is. The white deposit, which, in precipitating, renders the liquor turbid, comes from the essential oils of anise, wormwood, angelica, etc., which are held in solution of alcohol, but which are not soluble in water, or alcohol weakened with it.

Its effects.—So much for the composition of this vile compound. Now for its effects, which, in a sentence, are summed up by Dr. Motet as a general poisoning of the system, which terminates in insanity and death. The following are given as the primary effects of the habitual use of absinthe:—the muscular system is brought into a state of uncertainty and indecision, which is easy to recognize by contractions and trembling of the forearm, of the hand and inferior members. Strange sensations are observed by the unfortunate victim—such as tingling and pricking of the skin, heaviness of the limbs, and numbness—the hand seizing and as suddenly letting go anything within its reach. In standing, the patients require something to lean against, not being solid upon their legs; the knees tremble and bend—a general air of hebetude marks the features; the lips, the tongue, and the muscles of the face tremble; the eye is sad and sorrowful; the skin becomes yellowish; dyspepsia and wasting away ensue; the mucous membranes assume a violet hue; the hair falls off, and the whole frame-work of the man falls into a premature old age and dilapidation.

Such are the bodily signs of absinthe poison—and the mental troubles progress concurrently with the disorders of the muscular system. By reason of the progress of the disease of the brain, the sleep of the patient is disturbed; he has terrible dreams, and nightmares, and sudden wakings. He has hallucinations, illusions, blinding of the eyes, vertigos, hypochondria, a very marked embarrassment and dwelling upon words in speaking, and a constantly decreasing strength of intellect. Such is the sad cortege of symptoms presented by the unfortunate victims of the terrible absinthe poison.

Nothing, says Dr. Motet, can stop the progress of the disease of the brain. Sometimes the symptoms will be more favorable, for a greater or less time, but the respite must not be taken as a sign of approaching cure, and a little sooner or a little later death steps in the midst of epileptic attacks, at a time when there is scarcely any human intelligence remaining—when the animal alone exists, and in a state of degradation of which no description can give an accurate idea.

Its prohibition in the army and navy.—The French government has

prohibited the use of absinthe in the army and navy—even to the officers—and it is said that an attempt is to be made to prevent its importation into the colonies. Deaths and insanity, the result of its habitual use, are, I am informed by a medical friend of mine, very common in Paris; and that on the tombstones of several of the prominent men in the literary world, whose lights have gone out during the past ten years, might with truth be written, “died of absinthe.” And yet, with all these terrible facts before them, the use of this villainous mixture is daily increasing, and it is by no means improbable that the government, which interferes in matters of much less importance, will find it necessary before long to adopt a “Maine liquor law,” prohibiting the sale of the poisonous compound.—*Medical and Surgical Reporter*.

John M. Francis, M. D., L. L. D.

We make the following extract from the EULOGY, by Prof. A. M. Gardner, M.D.; read before the Medico-Chirurgical College, New York, March 7th, 1861. From the *American Medical Monthly*.

HIS GENERAL HEALTH.—During the long protracted life of Dr. Francis, he enjoyed unusual health and vigor; although he had had yellow fever and small-pox, and during his illness with the former he was comforted by the sight of his coffin, brought to facilitate his removal; till, in the year 1823, he had a serious attack of laryngitis. He had been, prior to this first attack, unusually robust; and, naturally sanguineous, this disease assumed a most acute inflammatory type. Educated in the old-school doctrines, he practiced upon himself the views he had taught, and so earnestly defended ever afterwards, and during his illness had taken from his own arm a quantity of blood which has ever since been quoted as the most ultra carrying out of the depletory doctrine to a successful termination. On the 17th November venesection to 3xl; evening 3xx. 18th Nov., 3xvj.; evening, 3xvj. 19th Nov., 3xvj.; evening 3xvj. 20th Nov., 3xvj. 22d Nov., 3xij. Total, 3elij. Three or four days after, being still in a precarious condition, venesection was again repeated. Numerous less serious attacks occurred afterwards, and for which he bled himself more than one hundred and fifty times. The first great shock to his system was in consequence of the loss of his oldest son, before alluded to, from which sad dispensation he never fully recovered. His nervous system was again greatly disturbed by the excitement incident to his removal from Bond street, where he had lived so long, to a more suitable residence, away from the turmoil of business, the noisy street, and the attendant dust and smoke filled air. For many weeks sleep seemed departed from his pillow, and in the week's seven days he slept little more than as many hours.

LAST ILLNESS.—From this, however, he seemed quite recovered; for, when fairly settled in Sixteenth Street, cheerfulness, appetite, and vigor returned, and he again entered upon his usual life of activity and beneficence. Early in December last, he was seized with an ominous carbuncle upon his back, in the dorsal region, which attained to the magnitude of six inches in circumference; and when this had reached its maximum, a more huge one still made its appearance in the lumbar region, which swelled to the enormous dimensions of nine

by seven inches. Coincidentally, numerous smaller ones, from the size of a nut to that of a hen's egg, appeared around. Such a mass of carbuncular disease never fell under the notice of his experienced attendants, Drs. R. H. Kissam, Valentine Mott, and W. H. Van Buren.

While this disease progressed, an apthous affection of the mouth, throat, fauces, and the entire mucous membrano, as far as the finger could reach, so disturbed his powers of eating, digestion, and assimilation, that starvation seemed imminent; but after some two week's continuance this unpleasant symptom disappeared, and with the return of a good appetite and the assimilation of nutritious food, it was hoped that he would be able to support the reparative process now going on in the diseased parts. But while the hopes seemed about to be crowned by a successful issue, an abscess appeared in the popliteal space, and extended well up the posterior face of the thigh. After some days this was opened, and a large quantity of healthy pus withdrawn, with apparent relief. This additional drain upon his system was, however, too much for his constitution to sustain, and for several days before his final departure he had frequent attacks of exhaustion, and nature was evidently sinking, till, in the course of the night of Thursday, it was apparent that he could not long survive. Serene and calm, as he had been during his whole illness, he expressed his entire resignation to the will of God, and met this trying hour with composure. Seeing his family gathered around his bedside, he said, "It is a very solemn thing to see you all around me—how characteristic of an exit!" Shortly after, turning to his dear friend and attentive physician, Dr. Kissam, he said, "God bless you! Blessed be God! Blessed be Jesus Christ!" He then asked if he could turn over, and immediately after being assisted to do this, he said "I'm gone! I'm dead!" These were his last words, for in less than three minutes from this time, at the close of nine weeks of great suffering, at a few minutes before three o'clock Friday morning, February 8th, Dr. John W. Francis calmly, and without a struggle, entered the unknown world.

—like a time-worn clock,
His weary wheels of life at last stood still.

Dr. Francis was essentially a representative man. Many looked upon him as a type of the Knickerbocker settlers of New Amsterdam, with whom it is seen he had no affinity; yet still his short, thick-set frame, which weighed about one hundred and ninety pounds, his straight-bodied coat and vest, his white neckerchief, broad-brimmed hat, inseparable cane, and gold spectacles, made a unity in look which fancy associates to the early Dutch settlers. This pleasant figure will be henceforward missed from our streets. To the medical profession his loss is irreparable. Among our silent members his ever-ready utterance, his quaint ideas and historical reminiscences, his polysyllabic, Johnsonian language, will no more be heard. He who was ever ready to say kind words of others now needs others to speak for him. To the literary world his departure will be mourned. No needy writer ever failed to get his subscription and his influential name to his list; and if among the choice works which compose his large library he has left behind there be found a few deserving to be called trash, be assured that his head did not select if his heart paid for them. It would be curious to know the number of books and pamphlets dedicated to him! They must exceed a hundred in number, of all characters

and descriptions; books of prose and poetry, on medicine and other sciences, pamphlets, and sheets of music. Within a year, one day's issue of the ever-teeming press brought three inscribed to him in words of admiration and affection.

Finally, the poor will sadly miss him. It has been well said, "that beneath a lively and off-hand address" he kept a heart "open as day to melting charity." His purse was never closed to the needy even in seeming, while his professional toils were freely given to soldiers who had battled for their country's honor; artists who had perhaps once been something, or belonged to the professions of Cooke, Siddons, Garcia, De Begnis, Malibran, Sontag, or Grisi, whom he so much loved to see and hear; to the clergy of all denominations, to the sons of the sons of an old friend, or to a favorite household servant—these he attended, in larger numbers than any other professional man that I know, with a fidelity unsurpassed by that accorded to the wealthy and those in high positions, and whose tears of gratitude dropped upon his bier was all the return he received in this world.

And what is the result we arrive at by this contemplation? We see on the one hand incessant devotion to duty, persistent toil, a kindly heart, a generous hand; and on the other a quiet mind, honor, the love of one's fellows, the tears of the poor, the gates of heaven.

Can that man be dead
Whose spiritual influence is on his kind?
He lives in glory; and his speaking dust
Has more of life than half its breathing moulds.

EDITORIAL DEPARTMENT.

Post-Masters and Post-Offices.

We are sorry to find that the Post-Masters have not, in many instances, attended to their duties; and that, through their neglect, or some change in Post-Office arrangements, many of our subscribers have received the *News* irregularly, and in some instances numbers have been lost. Will our subscribers see to this in their own sections, and call the attention of such officers to their duty? *The News* is issued regularly on the *fifteenth* of every month.

Consequences of the War.

EXCITEMENT.—Among other evil results in consequence of the "pervading excitement," that has arisen from the impending civil war has been the abrupt termination of the lectures of the *Cincinnati Summer School of Medicine*. We learn from the *Lancet* and *Observer* that having completed one-half of its term "it was concluded to adjourn the session, as neither lecturers nor pupils could concentrate their attention upon the topics of study." Surely civil war is no less melancholy in its effects upon the medical profession than upon others. Let us hope that peace will soon bless the land, and that the *faculty of intellectual concentration* will be restored to our unfortunate friends, who seem, at the present time, to have lost it. *

Postponement of the Meeting of the American Medical Association.

On account of the distracted state of the country at the present time, it has been deemed advisable by the Committee of Arrangements to postpone the meeting of the American Medical Association, which was to have taken place in Chicago the first Tuesday in June, for one year. We think the action of Committee, in this respect, is to be commended; for besides the great lack of attendance of the members that there would necessarily have been,—probably to an extent as to have produced a failure—there would have been danger, on account of the extremely excited condition of the public mind, of a division taking place in the Association, which would have been a great misfortune. No doubt by the time another year rolls round, the present state of affairs, no difference what the issue may be, will be so changed that the members of our profession in the North and in the South, in the East and in the West, will be able to assemble together in good feeling, and, as in times past, unite their efforts for the advancement of American medicine. *

OHIO STATE MEDICAL SOCIETY.—This association will meet at the *Ohio White Sulphur Springs* on Tuesday the 25th of June; we hope to see a full attendance.

We are informed that the Clermont County Society held a meeting on the 8th inst., and appointed its delegates; after which an interesting discussion on *Diphtheria* occupied the balance of the day. The Brown County Medical Society will hold a meeting on the third Wednesday of this month, at which time delegates will be appointed to attend the State Society; we hope every Medical Association in the State will be fully represented.

OFF TO THE WARS.—The following gentlemen of this city have received appointments from the Governor as surgeons in the Ohio volunteer regiments; Dr. E. S. Muscroft, surgeon to the ninth regiment; Dr. James T. Webb, surgeon's mate to the second; Dr. C. R. Greenleaf, do. do., to the fifth. Dr. F. W. Ames, do. do., to the sixth. Dr. S. Sexton has also received an appointment as surgeon's mate to one of the regiments, but we have not learned to what one. *

POETRY.—In this number of the Journal we treat our readers with some *poetry*. This is a kind of literature that we do not usually admit into our pages, as it is rather an inappropriate accompaniment of that class which treats of the *grave* matters of science; but as in this instance, there is embodied in the verse some very excellent sentiments, we thought we would for once depart from our accustomed usage. In this *effusion* presented, it will be perceived that the *muse* sometimes "*limped*" so much in uttering the sentiment that the *poetry* suffered. *

MARRIED.—We learn that our old friend, Dr. James Gatch of Indiana, was married the first of this month. This is the second time the Doctor has been married to our—*nary time*. From observation, it would seem that an attack of *matrimony* is never recovered from—that when once a person has been brought under its *influence*, he always remains under it—that if at any time he happens to become released he immediately relapses. Young Doctors, take heed, and beware!

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Students and Graduates for 1860—61.

It is very important that we should keep a record of all the Regular Medical Colleges, and their classes, each year; to enable us to do so we requested information from the proper officer of each school, known to us, in the United States, and regret that we have not been generally supplied with the intelligence sought; therefore, the list is not full, but correct as far as it goes.

Colleges,	Location,	Mat.	Grad.
University of Pennsylvania,....	Philadelphia, Pa.,	465	175
Jefferson Medical College,.....	" "	443	187
Medical Department of Pa. College,....	" "		38
University Medical College,.....	New York, N. Y.	420	129
College of Physicians and Surgeons,...	" "	264	62
New York Medical College,.....	" "		19
Medical College of Charity Hospital,..	Long Island, "	58	21
Harvard University Med. Department,	Boston, Mass,	205	49.
University of Maryland,.....	Baltimore, Md.,	150	63
Medical College of South Carolina,...	Charleston, S. C.	222	93
University of Louisiana,.....	New Orleans, La.	401	135
New Orleans School of Medicine,.....	" "	236	76
Nashville University.....	Nashville, Tenn.		141
Memphis Medical College,.....	Memphis, "		21
St. Louis Medical College,.....	St. Louis, Mo.	140	52
Cin. College of Med. and Surg,.....	Cincinnati, Ohio,	127	36
Medical College of Ohio,.....	" "		24
Starling Medical College,.....	Columbus, "		16
Cleveland Medical College,.....	Cleveland, "		
University of Virginia,.....	Richmond, Va.		59
National Medical College,.....	Washington, D. C.	83	
Alabama Medical College,.....	Ala.		3
Oglethorpe Medical College,.....	Savannah, Ga.		37
Savannah Medical College,.....	" "		14
Rush Medical College,.....	Chicago, Ill.		37
Lind University,.....	" "	51	12
University of Michigan,.....	Ann Arbor, Mich.	24	

ARMY SURGEONS.—Perhaps there is no subject we could touch at present of more deep and abiding interest to the profession and people, than would be an inquiry into the *competency* of the physicians chosen to act in this capacity. At present we shall only make a few suggestions by way of calling attention to this matter. Not only a *regular theoretical* training, but a *thorough* practical knowledge should be considered as pre-requisites to entering upon such important duties. The *army surgeon* should possess a thorough knowledge of disease in its various forms, and be *well* qualified to practice *medicine* as well as *surgery*; for it is well known that more soldiers die from *camp fevers* than the effect of powder and lead. This, then, being the fact, let us enquire how far the State succeeded in making selections that will be likely to fulfil the indications presented. In the first place who are the appointees? We are satisfied that many of them are unknown to the profession; not because they have been non-residents, but because of their obscurity, and less than ordinary ability, which has kept them from professional intercourse, and in very limited practice. We find the following in the Times of 10th inst., and suggest that the same enquiry may be made in reference to others.

INFORMATION WANTED.—Who is Dr. Shumard, of Cincinnati, recently appointed Surgeon General of Ohio? He is unknown to the people, unknown to the profession, unknown to fame. Who is he? The whole profession of the State are passed by for this Dr. Shumard, that no one knows anything about.

Query. Was he examined by the Medical Board appointed by the Governor? and did he present a certificate of *good moral* character?

ENQUIRER.

SUMMARY OF PRACTICAL MEDICINE, edited by Walter D. Wells, M. D., compiler of "Epitome of Braithwaite's Retrospect of Practical Medicine and Surgery," also of "Compendium of Rankin's Abstract of the Medical Sciences."

Part first of this valuable periodical is before us, and is worth double the amount charged. Price \$2 per annum in advance, or \$1.25 single numbers. Published by C. T. Evans, 532 Broadway, N. Y.

EXCHANGES.—Some of our exchanges have been delayed, no doubt, in consequence of the deplorable condition of our country, which has deranged almost every department of business, and interfered with the most cherished plans for the future.

PLUMBING.—Does any of our readers desire the aid of a plumber? If you do, call upon C. F. Conwell, No. 73 West Third street, who will do justice to his employer, not only in the work, but in pointing out the cheapest and most durable plan upon which to accomplish your object. Give him a trial, and our word for the result.

CINCINNATI

MEDICAL AND SURGICAL NEWS.

NEW SERIES.

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MISCELLANEOUS CONTRIBUTIONS AND SELECTIONS.

For the Medical and Surgical News.

Pathology and Treatment of Phthisis Pulmonalis.

BY FRANK A. ANDERSON, M. D., ELIZABETHTOWN, KY.

In speaking of that which I firmly believe to be the cause of tuberculosis, it is not my object to deal in idle fancies, conjectures, or new fangled dogmas, directly opposed to the established opinions of the profession. I shall confine myself to obvious facts and phenomena which are an index to the cause of the disease.

Undoubtedly tubercular matter is the product of a material possessing a low degree of vitality—a substance endowed with but little power of organization; but the question is, are we sure that it is hereditary by transfer of material from parent to offspring? Does this dire germ of destruction lie dormant from the first hour of life until that time when certain conditions of the system cause it to become located in the organic structure predisposed to its influence? Or is it the result of imperfect development of any organ or organs within the body, by which the functions of the same are rendered inadequate to the maintenance of a healthy condition? Although I shall not attempt to refute the general opinion that it is a hereditary disease, yet I do deny the possibility of its being inherent by means of any property transferred from the blood of the parent to that of the child. Neither is it from imperfect development of organic structure, except in one particular, and that is its vital endowment or capacity.

The existence of this imperfectly vitalized material is due to abnormal nerve power of organs concerned in respiration and digestion.

One of the most essential physiological conditions of an organ, is nerve power. Organic material may be endowed with life, and yet deprived of sensibility; such as we perceive in the vegetable kingdom

—the plant being capable only of appropriating inorganic material to the maintenance of its existence. Now in man we behold a living organism, and, beside life, he is endowed with sensibility, which is nothing more than nerve power. By this nerve force, if it be normal throughout his organism, he can, at all times, replenish his wasting structures with organic vegetable and animal substances. But suppose it to be deficient in any part of his fabric, what is the consequence? Why that part becomes atrophied, and although it may be capable of living, yet it is unable to perform its natural functions. So then we see at once that nerve power is one of the most essential physiological conditions of organic structure; most essential because it is the principal power of appropriating and transforming inert organic material into vital tissue. It cannot be disputed that it is the vital power of an organism which produces vitality in substances taken in from without. But how is this vital capacity imparted? Why it is due to an irresistible law, similar in power but directly opposed to the law of catalysis; or, in other words, as a *catalytic* agent will produce decomposition of a substance brought in contact with it, without change being produced in the agent, so will the vital forces of an organ impart the physiological qualities of that organ to inert aliment, without producing any change in the active vital agent; and the vital capacity of these substances will be in proportion to the power of the vital agency acting upon them.

When does the food begin to acquire those vital qualities that are so essential in the reproduction of living tissue? I answer, from the time it has passed through the mesenteric ganglia, after having been taken into the stomach and reduced to chyle, its vital qualities are positively manifest. It is now transformed into a fluid resembling blood in two respects, containing albumen and fibrine, and possessing the power of coagulation. Now the fact is, if there be a lack of nerve power in the organs of digestion, there will be also a diminution of vitality in the digested fluid, resulting in nothing more nor less than in the formation of the tubercular material which is deposited in organic structure by an effort of the vital powers to reproduce it.

The disorder manifests itself in those persons only who are of a peculiar nervous development, in whom the cerebral greatly predominates over the spinal nervous system; and the existence of this imperfectly vitalized material is due, under all circumstances, to weakness or disease of some portion of this latter system. It matters not in what organ the deposition takes place.

Faulty innervation of the pneumo-gastric nerve is the primary cause of pulmonary consumption. Can we prove this to be so? Yes, we can, *beyond the shadow of a doubt*, if the cause of any other disease can be

discovered by the process of rational induction. This nerve supplies the stomach, lungs, larynx, and œsophagus with their principal nerve power, and they are the first to show signs of an abnormal condition in the incipient stage of the disease, the symptoms of which occur a long time previous to the localization of tubercles—even previous to the occurrence of hæmoptysis, and are manifested by impaired digestion, quickened respiration, weakness of voice, and occasional difficulty of deglutition. Simultaneously, or probably previously, there is an abnormal quantity of phosphoric acid set free in the economy. Now we cannot say for certain that this acid is the product of diseased nerve structure; but one thing is certain, it detracts from the nerve power of the entire organism. We cannot say either whether it is the cause or result of nervous disorder, but in all diseases of the nervous system it is discharged in unusual quantity. Long continued mental anxiety will be followed by a profuse discharge of phosphatic salts. How is this element carried out of the system? It unites with the major alkaline principles of the blood and passes out via the urinary secretion. The blood becoming exhausted of that power by which interstitial absorption is maintained, there remains within the body a considerable quantity of dormant material which never enters into the formative process, but is discharged without ever serving any of the purposes of nutrition. How is this latter material cast off? It is eliminated principally by the skin in the form of profuse perspiration, or else by the mucous membranes in the form of diarrhœa.

If tuberculosis is a hereditary disease it is inherent through mal-development of nerve structure, which gradually becomes more and more impaired until finally tubercular deposit is the consequence.

The remedies used at the present time are not adapted to the removal of the cause of the malady, and therefore do no other good than merely to stay its ravaging effects. Inhalation of proper remedies and attention in restoring the digestive power, will cure any case of consumption provided there be no nerve lesion. There is a species of consumption which will yield to the ordinary practice, it is attended with long continued cough, emaciation, etc., and is that form of disease which follows roseola in the adult—nothing in the world but chronic bronchitis. The inhaling apparatus of the ignorant and very often the knavish quack, fills his pocket and begets him a great name by relieving such cases. The polished professional *thing* with that hypocrisy peculiar to his sect, goes about seeking just such cases, in order to pave his way to fortune and unmerited reputation.

Now since we may look upon tuberculosis as the result of inefficient nerve force, what remedies should we resort to in the treatment? Surely of all disorders to which the human body is prone, none are so obstinate

as nervous affections. In all cases where there is a tendency to consumption, in the first place we should endeavor to prevent any great degree of mental exercise; for this reason, rigid exercise of the cerebral system detracts from the power of the spinal system, which is the great motor power of the physical economy. In the next place, there is nothing in the world that has so great a tendency to promote the physical power, as moderate manual labor in the open air and a quiet contented state of the mind. We should strictly enjoin the foregoing upon our patients. In the third place, we should endeavor to assist in restoring tone to the entire organism by means of medicines. We should administer that tonic which will produce the most durable and equable state of tonicity, one that will produce a moderate and continued exhilaration of the spirits, as well as adding to the physical strength. The most efficient tonic for this purpose is arsenic, given in the form of Fowler's solution. It should be given but once a day directly after breakfast. Two drops is the dose to begin with, increasing one drop every day until we administer as high as ten drops. The patient should continue this dose for as much as two weeks and then begin to diminish, taking one drop less every three or four days until he gets back to the original dose; then, after continuing to take two drops a few days longer, there should be an interruption of about a week, after which it should be repeated in the same way. Now some professional gentlemen might suppose that, by this method of administering it, it would have but little alterative effect upon the system; but we want nothing but the tonic action, and by giving it in this way we avoid any ill result of the drug. I have had an opportunity of administering it in two instances only. In those two cases it produced such marked benefit that should it ever be my fate to fall a victim to the disease, I would look upon this remedy as my only salvation.

Arsenic solidifies and brings about, not only a healthy condition of the skin, but of the mucus membrane. As an antiperiodic it is equal to any other remedy within my knowledge, which fact shows conclusively that it has a direct action upon the spinal system of nerves.

For the Medical and Surgical News.

Case of Obstruction of the Bowels.

BY WM. H. FOULDS, M. D., ZION, HENDERSON COUNTY, KY.

On the 18th of July, 1858, I was called to see Mr. J., a farmer, aged 55. I saw him first about 8 P. M. He was then, and had been for about eighteen hours, suffering with pains in the bowels—his particular symptoms being pain and soreness in the umbilical and right hypochondriac regions. He had occasionally a spasm of the bowels attended

with a painful feeling, and a sensation as if they were being twisted or wrapped upon each other.

He had been suffering from these spasms for about ten or twelve hours. The abdomen felt full and soft except a tumor about the size of a goose egg, which was situated to the right of, and rather below the umbilicus. Tumor irregular, and felt much like a ball or bunch of intestines knotted together. Bowels having been quite costive for the past twenty-four hours, he had been taking seidlitz powders and using injections of cold water, without any good results however. His tongue was but little coated, rather red at tip and edges; pulse 86 and full. I prescribed for him the following:

R Ext. Colocynth. comp. grs. xl.
Sub. Mer. Hyd. grs. xx.
M. et div. in chart. no ij.

One to be given immediately the other in four hours, to be followed by a tablespoonful of castor oil in four hours after the second powder, had been taken, if the bowels were not open by that time. Also ordered injections of cold water to be given every hour or two, and, then left him for the night and returned at 8 A. M. on the 19th.

At that time found my patient had vomited the medicine I gave him, about 12 o'clock, and since then had been vomiting stercoraceous matter—had vomited more than a quart, he said. His tongue was quite red at the tip, and edges were thickly covered with a rusty brown fur. Pulse quite weak, numbering 110; body bathed in a cool clammy sweat. Said he did not suffer much except when he vomited or had the spasm in the bowels. Tumor much the same as it was the evening previous. I was with him about an hour and a half, during which time, he again vomited about a pint of very natural looking fecal matter.

I ordered him to lie on his back with hips elevated and shoulders and head low down in the bed, then gave him an injection of about a quart of water, cold as it could be borne, and in a few minutes after this, had been passed out, gave another of warm water, warm as he could bear it. Ordered this to be repeated every half hour—first warm and then cold water alternately; the temperature of the water each time to be at the point of endurance. Ordered only seidlitz powders by the stomach, of which he was to take as frequently as possible, say one every half hour. And brandy and water to be given occasionally.

Left him and called in the evening at 4 P. M. Found my patient relieved—had bowels opened about 11 o'clock, felt only soreness of them and weakness. The tumor disappeared so soon as a passage had been produced.

My patient had suffered from obstructions of the bowels and had several times vomited fecal matter before this attack, but had never been but once so bad off, when his bowels were obstructed for six days.

but he says he did not suffer then so much as he did at this time. The injections of cold water and seidlitz powders have always heretofore seemed to benefit him most. He now (May 30th, 1861,) has not had any but some two or three slight attacks, which have been relieved in a few hours by cold water injections, and by taking a dose of salts or seidlitz powders, since the attack of which the above is an account of.

For the Medical and Surgical News.

Reported Proceedings of Eaton Medical Society.

BY R. WALLACE, M. D., REC. SEC'Y.

EDITORS NEWS:—The annual meeting of the Eaton Medical Society was held at the Eagle Hotel in Eaton, O., May 28th ult. By a vote of the society it becomes my duty to forward to you for publication, an abstract of the proceedings of the society. The minutes of the proceedings of the previous meeting were read and adopted.

Next in order came the annual address of the President, Dr. Crume. The principal points of the address were, 1st, the necessity of County Medical Societies, and the obligations of the members of the profession to sustain them, and 2d, the encouraging indications in our society and the duty of the members to each other.

After the President's address a lengthy and interesting paper was read by Dr. Woody on the *modus operandi* of medicines. On the subject of the paper many remarks were made by members of the society, which are too lengthy to communicate at this time.

Notwithstanding the war excitement even among professional men, we enjoyed a well attended, pleasant, and profitable meeting.

The society elected the following officers for this year: Dr. William Lindsey, President; Dr. J. P. Haggott, Secretary; Dr. Ebersole, Cor. Secretary; Dr. R. Woody, Treasurer; Drs. Crume, Nesbit and Wallace, Censors.

Drs. Wallace and Haggott were appointed delegates to the State Medical Society.

The society adjourned to meet at Lewisburg on the second Tuesday of July, at 2 o'clock, P. M.

I find by examining the records of the Society that you are one of four men who was instrumental in having the society incorporated nineteen years ago. When I observed this I concluded that any information concerning the society or any of its members, would be joyfully received by you. When men die the good or evil they did survive them; even so, when a man leaves a place the good or evil he did while there, not only follows after him but remains behind him. 1st. You *will rejoice* to learn that the society is awake. It was revived on the

27th of Nov., 1860, after suffering from the effects of an unnecessary morbid sleep from the 12th of October, 1849. One leading object of the society is to strengthen the hands and encourage the hearts of its members to live entirely up to the code of ethics of the American Medical Association.

We intend to have our society in such a working condition that when we hear of a practitioner's name in any part of the county, we can know whether he is *clean* or *unclean*, professionally.

What think you of a man practicing medicine in this age of improvement, who does not belong to a medical society, who does not take a medical journal, who never buys a new book, and seldom, if ever, reads an old one. Such a "*cure-all*" we have in Lewisburg. Dr. — told me that when this cure-all practiced medicine when the Asiatic cholera was prevailing epidemically in other places, the cure-all said he could cure every case. Last fall diphtheria prevailed here before the cure-all came. And for this disease he says he has an infallible medicine, which he proposes to sell to the Legislature of Ohio if they will pay him some five thousand dollars for it!

Last winter I had the pleasure of seeing a letter from this "*medical man*," written to know if his relations and friends wished him to relocate in this place. I cannot give you an imitation of the chirography; and the orthography and syntax will be more appropriate for an educational journal, where, left on record, it will be the sport of the present generation, and future ones may examine the specimen as antiquarians examine a great curiosity. No doubt after the examination the antiquarians will exclaim, "if such a man ever received an honorary degree the etymology of honor at that time was misunderstood." This letter, of which I write, could not be read by the mayor of the town and one of our regular physicians. This one case will show the necessity of having, and living up to, the first requirement for matriculation and graduating in your school (Cincinnati College of Medicine and Surgery) which reads thus: "The student, before matriculating, must give satisfactory evidence of having acquired a good English education." The sixth requirement of your school is also excellent: "Requiring the candidate for the degree to acknowledge the right of the Faculty to revoke it, should he engage in quackery, or be guilty of gross unprofessional conduct."

The effect which is being produced by schools, educational and medical societies, medical and literary journals, is rapidly teaching the people that a charlatan who knows nothing of anatomy, physiology, chemistry, or language, cannot be a good physician, although some of his patients do get well by nature not only conquering the disease, but also mastering the cure-all's misdirected efforts.

2d. You will rejoice to learn that the four charges which you preferred against this same cure-all, when you were Recording Secretary of the Eaton Medical Society, were well grounded. You know there is nothing pleases a doctor so much as to find his diagnosis and prognosis of a case correct. The charges to which I allude are found on page 48 of the societies record. Charge first reads thus: "I charge Wm. B. Gray with having offered an insult to the Eaton Medical Society by the use of the following language, 'That he would not become a member of the society, provided he was required to produce certain testimonials or recommendations.'" (For want of room and time I omit second and third charges) 4th. I further charge that he has *not* produced satisfactory evidence of *medical* qualifications."

W. B. Gray may be a great doctor notwithstanding your well established charges against him, and the condemning voice of the medical profession of this county. Doctors who knew him in this county when you were acquainted with him, think he is worse now than then. According to his *say-so* while he practiced in Indiana he cured the plague without, the plague within, the palsy, and the gout. And since his return to this place, (although it has been exceedingly healthy) he says he has cured all manner of sickness and healed all kinds of diseases, cleansed the lepers, and even restored the dead. The most wonderful case which he reported in town, is his bringing to life a child which was dead thirty minutes. Now by proportion, if a miracle was produced in the resurrection of a child which was one-half hour dead, how much greater the miracle to resurrect a man who had been dead seventy-two hours? (or the resurrection of Lazarus). In conclusion, I regret much that Gray did not live and practice surgery in the days of John the Baptist; if he had, and had been called in when John's head was in the charger, he would most likely have given a balsam "*to heal cuts,*" and pronounced a cure! Now the question is, what did the world do before he was born, and how would the profession "get along" if he was to die?

Lewisburg, Preble Co., O.

Extracts from the Records of the Obstetrical Society of Boston.

BY WILLIAM BEAD, M. D., SECRETARY.

Second meeting, March 2d, 1861. Dr. WALTER CHANNING, President, in the chair.

The President stated that, owing to his not having been able to obtain all the materials which he needed to complete the paper on Puerperal Convulsions he had proposed to read this evening, he would *give only an outline* of what he intended to present, and would ask for *the experience* of the gentlemen present in regard to the question how *far anasarca and albuminous urine were connected with convulsions?*

Dr. Cotting remarked that the cases he had seen were anasarca only, and not tumid. In one case the patient was a delicate woman, who had an excessive flow of urine for three or four months previous to her confinement. The urine was albuminous. The convulsions were controlled by chloroform. In the same patient, at another pregnancy which occurred after an interval of three years, ether was used.

Dr. Putnam had seen cases of convulsions where there was no anasarca. There was no examination of the urine.

In regard to the examination of the urine, Dr. Cotting said it was not easy to procure enough for this purpose at the time of the fit, when there was great liability of an admixture of mucus and the discharge from the vulva. In the cases he had referred to, natural delivery took place three or four hours after the fit. The first child lived, the second died. Albumen was detected in the urine for three or four days subsequent to the delivery. In one case which he saw many years ago, where the convulsions took place after delivery, he bled the patient.

Dr. Wellington said he had had two patients, in the last two years, in one of whom there was great anasarca and great secretion of albuminous urine for three or four months previous to delivery, but no convulsions, although they had been anticipated. The patient was very anæmic after labor, but has since entirely recovered. In the other case, the urine was not albuminous, nor was there any anasarca, but the day after labor she had a convulsion, which, upon the evidence of those in attendance, he considered to be puerperal. In two other cases in which artificial labor was resorted to, both patients died. He would remind the President of a case seen with him eight or ten years ago, in which, after all other remedies had been tried without success, an assafœtida enema procured immediate relief. In this case there was dislocation of the lower jaw several times during the convulsions.

Dr. Putnam thought it was a matter of great doubt whether anything was gained by hastening the labor in cases complicated with convulsions. His decided opinion was against such a course.

The President said that there was another important question connected with this subject—How far convulsions were connected with the contractions of the uterus? He believed that they coincided to a certain extent.

Dr. Crane's experience did not lead him to the belief that there is a general correspondence between the anasarca state and puerperal convulsions. He thought that strong, robust women were more inclined to fits, while weak, delicate, and pale women were more likely to have good labors in this respect, although they got up slower.

Dr. C. D. Homans stated that he had seen eight or ten cases of puer

peral convulsions, all of which were in what might be termed delicate women. In one of the cases there was anasarca.

The President asked if any gentleman had seen puerperal convulsions more than once in the same patient.

Dr. Cotting said he had, but in one instance only, which he had already referred to. It had been his fortune to see in consultation, in the course of a single month, four cases of convulsions. The patients were all of them Irish, and had been through three or four hands before they came under the charge of the physician who sent for him. In these the delivery was effected three times by perforation, and once by the forceps. There was no anasarca noticed in these cases.

Dr. Sargent asked whether albumen is ever found in the urine of nursing women?

Dr. Cotting said he thought albumen might be present in an appreciable quantity in the urine in a variety of diseases, where at present it is not suspected. He expressed a hope that this matter might be taken up, and some one would undertake to determine whether albuminous urine is peculiar to certain diseases, or whether it is not, to a certain extent, always present when diseased action is going on in the system.

A general discussion then ensued upon the effect of tying the placental end of the umbilical cord, as a means of expediting the delivery of the placenta. In the course of the debate, the following cases were related, by the President, showing the length of time that the fœtus can remain after birth without respiration by the lungs.

While attending the midwifery lectures of Dr. Chapman, of Philadelphia, he placed under the care of Mr. John Shelbys and myself, the case of a black woman in labor. It was in summer. The case advanced very naturally, and the child and placenta were born. The child did not breathe; but as the cord beat strongly, we waited for breathing to occur naturally. Then artificial respiration was tried, but ineffectually. The cord continued to beat; a tub of warm water was procured, and the child and placenta were immersed in it, except the head. But there was no breathing. At length there was a gasp, and soon after regular respiration was established, the cord cut, etc. The child did well. Buffon's experiment of immersing the whole body of the young of a quadruped in warm water, and so excluding them from the air, occurred to us, and the success of the experiment so far as preserving fœtal life, and for some time, was remembered, but our case was not one for such a trial.

The important question arises—How long was it from the birth that fœtal life continued in our case? I cannot tell. The interest in the case was so great that the question of time was not thought of. It is, however, clear that a good deal of time must have elapsed, for much

and many things were done, and the situation of the family caused delay in whatever was attempted. The warm water was to be got. Before anything was done, was delay. The placenta was to come away, and then artificial breathing occupied much time, for the life of the child seemed to depend upon its establishment. What attracted my notice was, that no hæmorrhage occurred from the uterine surface of the placenta. Does not this fact raise a question as to the common opinion of the mode of connection between the placenta and womb? And again, how was the blood purified in this child? Or, what is done by the placenta with the blood which is carried from the foetus back into the placenta?

Dr. Chapman considered this one of the most remarkable cases of continued life under the circumstances, and thought, from our account of what was done before breathing began, that between one and two hours must have elapsed.

Let me allude to another case. I was called to Mrs. —, stated to be in labor, and some distance from the house. Upon reaching the address, I found Mrs. — in bed, and asked of her state. She said she had been suddenly delivered without any assistance.

Where is the child? asked I. On the floor there. I looked round, and sure enough there was a mass, but as much resembling a child as would have any other moderately filled bag. Blinds and curtains of the windows were closed. Upon stooping down, I found that active movements were being executed by the enclosed. It was then the *unborn* child, with waters, membranes and placenta, which was lying before me. The membranes were broken, the waters discharged, and the liberated child in full roar, as if happy to find itself in its new quarters.

Note by the Secretary.—With regard to the question of suspended respiration in new born children, Dr. T. Gaillard Thomas, Physician to the Bellevue Hospital, New York, in a lecture on this subject, reports that in one case three quarters of an hour elapsed before breathing was established, twenty-five minutes having passed before the slightest appearance of respiration showed itself. He also quotes five other cases in which a successful result was gained after an interval varying from fifteen to forty five minutes. The longest time occurred in a case where the mother, with the intent of infanticide, had buried her child in the earth. In the case reported by Dr. Thomas, the mother had "uræmic convulsions of the gravest character," for more than seventeen hours, and was finally delivered by the forceps.—*N. Y. Jour. of Med.*

M. L. Corvisart, the *Lancet* says, has of late advocated the use of pepsin to allay extreme vomiting in pregnancy.

On Diphtheritic Paralysis.

BY PROFESSOR TROUSSEAU.

The following are some of the observations made by M. Trousseau, during a clinical lecture delivered at the Hotel Dieu.

The subject of the lecture was a woman, who, having been recently confined, contracted diphtheria from a patient in a neighboring bed. Alum insufflations and applications of hydrochloric acid were resorted to, with the effect of removing all diphtheritic exudation. Already on the tenth day, however, she spoke markedly through the nose, and deglutition was very difficult, and accompanied by nasal regurgitation. A notable proportion of albumen we also found in the urine, indicating the rapid degeneration of the local into a general affection. The paralytic lesion of the pharynx kept increasing, so that by the twenty fifth or thirtieth day, the woman could no longer swallow, and was like to have died while trying to take some solids. About the fortieth day some improvement in this respect took place, but now numbness of the hands and feet was observed, as well as defective pronunciation from imperfect movement of the tongue. By the fiftieth day, progression had become uncertain, and general nervous symptoms, chiefly consisting in delirium and convulsions, set in. The worst apprehensions were now entertained, but musk having been administered, some improvement took place. So considerable, however, was the paralysis, that the patient could not raise herself without the assistance of two nurses. The bladder was also affected during two or three days, but not so the rectum. With this paralytic condition, complete anæsthesia co existed, the patient remaining absolutely insensible to pricking with needles. At the present time (150th day) the symptoms have so ameliorated under the use of syrup of sulphate of strychnia, that the patient can now get in and out of bed easily, can knit a little, and is able to distinguish between wool and cotton by the touch. No disturbance of visual powers has taken place, although during six weeks, enormous quantities of albumen have been found in the urine. One circumstance worthy of note, is the remarkable alternations which were observed—sometimes one limb and sometimes another, being affected to-day, and well to-morrow, to again become suddenly bad again, and so on; and as this is of common occurrence in diphtheritic paralysis, we may justly conclude that the lesion of the nervous centres is not of a very grave character.

Is diphtheritic paralysis a new disease? Those of my hearers who commenced their studies some years ago must have become struck with the sudden predominance of new pathological conditions. During the last thirty years, we have seen several of these so called new diseases, such as Bell's disease, or facial paralysis; Bright's disease, or albuminuria; leucocythemia, or Virchow and Bennett's disease; endocarditis, or Bouilland's disease; affections of the supra renal capsules, or Addison's disease, etc. Since the period when Calmeil published his admirable work on epilepsy, how common has this terrible neurosis become, while forty or fifty years ago it was comparatively a rare affection. Thirty years since the cholera was unknown in English and French India. The plague, still so common in certain regions, tends to completely disappear in others. Variola, pertussis and scarlatina, which, at a very remote epoch, prevailed in great intensity, and later had

almost disappeared, have been in their turn as new diseases. M. Broca, while *interne* to Blandin at the Hotel Dieu, never failed, when examining the bodies of those who died of purulent infection, to detect supuration of the veins. He states, however, that at the present time he finds such phlebitis quite an exceptional occurrence. At the beginning of 1859, M. Delpech observed an epidemic of puerperal fever at the Maternite, in which suppurative fever was the marked characteristic, pus being deposited in the veins and as metastatic abscesses, while there was scarcely any pain in the hypogastrium. In another epidemic, at the end of the year, on the contrary, it was puerperal peritonitis which carried off the patients. In medicine as well as in surgery, there are peculiar physiognomies of diseases; one revolution, the intimate essence of which escapes us, brings them on, another dissipates them, and a third re-establishes them.

As to diphtheritic paralysis, it is probable that it has never been so prevalent as within the last two or three years. M. Trousseau has performed the operation of tracheotomy successfully on sixty children (out of 250 operations), and in only two of this number have general phenomena analogous to those in question been observed. Diphtheria itself, indeed, has of late years taken on an altered physiognomy, for in place of invading the pharynx, and proceeding slowly towards the larynx, it now becomes generalized with a terrible facility, prostrating the patients, and delivering them up to the mercy of nervous accidents of the highest intensity. "I never witnessed such cases with Bretonneau, although my master subsequently signalized these manifestations of a novel malignity."

In answer to the question, whether a simple angina may not sometimes lead to a paralysis, M. Trousseau adduces some cases in which paralysis of the velum seems to have followed it; but when the paralysis has become more generalized, he suspects that it may be due to diphtheritic influence, although this may not have been accompanied by its usual local manifestations—just as is the case with instances of scarlatina accompanied by little or no eruption.

In 1771, Samuel Bard described a case of aphonia following diphtheria, and Bretonneau reporting this fact in 1826, stated that he then had met with nothing analogous to it; but in 1843, he witnessed the production of paralysis of the extremities following diphtheria, in the person of M. Herpin, a surgeon of Tours, who had contracted the disease in consequence of some of the false membranes from the throat of a patient, which he was syringing, gaining access to his nostrils. Since that time, M. Trousseau has paid much attention to this complication; but believing at first that the paralysis of the velum might be due to muscular inflammation, it was not until 1853 or 1854 that he definitely drew the attention of practitioners to the fact that the paralysis really depends upon a more general condition, and that it is, in fact, one of the effects of the poisoning of the entire economy by the diphtheria. M. Maingault has especially of late done much towards the elucidation of this disease, which has not only multiplied itself at the Children's and at St. Eugenie Hospitals, but has become so common in private practice; and perhaps there is not a single practitioner in Paris who has not seen one or more cases.

Although, in general, the very varied paralytic symptoms in diphtheria may cease, even without the intervention of medicine, at the

of two, three, four, or six months, there are other cases in which death may be the result, or the paraplegia may become more enduring. Examples of this are adduced by M. Trousseau from his own practice. In some cases death has resulted from the mere difficulty in swallowing.

As to the nature of this paralysis, it is evident that it is not dependent upon a material lesion of the brain, as this would be inconsistent with the versality of symptoms observed, and with its frequent curability. It is presumable that there is something analogous to what is observed in certain cachexias. In Bright's disease, paralytic phenomena are also observed, and the amaurosis in that affection has been well made out and described by M. Laudonzy and others. One very remarkable circumstance in diphtheritic paralysis is the temporary extinction of venereal desires, which occurs at a very early period, even in those possessed of considerable genital ardor. In various other serious pathological conditions, especially phthisis, the patients long preserve their copulative aptitudes. M. Trousseau referred to other instances of paralysis, analogous to those now in question, occasionally observed after feeding on certain poisonous fish, after typhoid or variola, after asphyxia from charcoal vapors, and after the manipulation of sulphuret of carbon in the vulcanized caoutchouc factories (where also both men and women experience venereal frigidity).

In the treatment of paralysis consecutive to diphtheria, while combating the local condition, we must especially endeavor to restore the patient's strength. Bark, in all its forms, iron (especially the syrup of the ammonical citrate or the perchloride), bitters, animalized and nutritious diet, exposure to the fresh air, dry frictions along the spine, aromatic and stimulant lotions, and sulphureous baths, comprise our most precious resources. Preparations of nux vomica, and especially the syrup of the sulphate of strychnia, act as general stimuli, arousing the muscular contractility, and may, on occasions, render good service. In spite of these and all other means, it must always be borne in mind that diphtheritic paralysis is an affection of considerable duration.

Medical Times and Gazette.

On the Use of Ergot of Rye in the Treatment of Retention of Urine from Paralysis of the Bladder.

BY DR. ALLIER.

The faculty possessed by ergot of rye of producing uterine contraction suggested to Dr. Allier the idea of employing this agent in the treatment of certain forms of paralysis of the bladder; and M. Paul Guersant has subsequently demonstrated in his practice at the Bicetre, that the ergot is really endowed with the property of exciting contraction of the bladder. He employed it not only in cases of retention of urine from simple paralysis of the bladder, but also in order to promote the expulsion of the detritus of calculi after lithotrity. In order to ascertain the physiological effects of this substance, Dr. Allier took several times, fasting, one gramme divided into four doses; the results were a little heaviness of the head, and a slight feeling of intoxication similar to that produced by champagne. Sometimes there was a desire to make water more frequently than usual, almost always a kind of

uneasiness in the pelvic organs, which prevented sleep; at other times, on the following night there was a kind of involuntary jactitation and disturbed sleep, and the rhythm of the heart's pulsation was variable. Dr. Allier relates a number of cases treated by ergot of rye, and his general conclusions are as follows: In the first place, he finds that the innoxious character of the drug is fully established, although he administered it in large doses continued for a long time, and he is therefore induced to doubt the deleterious effects attributed to it by some writers, or rather he believes that there may be different kinds of ergot, some of which are poisonous and others not so. In four out of fourteen cases related, there was evident excitement of the generative organs, which could be attributed only to the use of the ergot, and nearly all the cases exhibited more or less alteration in the nervous system, the most constant effects being a kind of pleasing inebriation, itching of the skin, nausea, uneasiness in the lower limbs, slight convulsive movements, and especially excitement of the contractility of the bladder when this function had been weakened or lost. The ergot appears especially to have a kind of mysterious predilection for the bladder, of the same nature as that which is admitted to exist in the case of the uterus, and quite as inexplicable; it is, in fact, a special and transient excitator of the nervous system, appearing to act more particularly upon the lumbar portion of the spinal cord and the hypogastric plexus of the sympathetic, which themselves react upon certain orders of muscles, and especially on those of the bladder. Dr. Allier does not agree with M. Bonjean in classing ergot among the opiates; for, according to the former physician, ergot never produces stupefaction, such as is observed in advanced drunkenness, or in opium-smoking and opium-eating. The transient intoxication produced by ergot can only be compared to the effects of a glass of champagne. It may be admitted, however, that one of the principles of ergot—namely *ergotine*—may present some analogy with opium in its stupifying power. Dr. Allier draws the following conclusions from his researches: Ergot overcomes retention of urine when it has not yielded to catheterism, and abridges the duration of those cases which would yield in time to the catheter. It has no efficacy in the treatment of retention caused by enlargement of the prostate. Paralysis of the bladder, resulting from cerebral hæmorrhage, yields rather easily to ergot, but this is not the case with paralysis of the limbs following apoplexy. Ergot is equally efficacious in vesical paralysis connected with an undetermined lesion of the nervous centres, but has no power over paralysis of the limbs dependent on the same lesion.—*Medico-Chirurg. Review.*

Spontaneous Cure of Cataract.

BY ST. GEORGE PEACHY, M. D.

Mr. M., fifty years of age, of correct habits, and accustomed to exercise a great deal in open air, was the subject, in 1835, of inflammation of the left eye, attended with the most intense pain. The inflammation was subdued in the course of time, but he suffered occasional pain, and the sight of the right eye became impaired. In a few years the left eye became completely cataractous, but he was still able to see quite well with the right, so that an operation was not deemed advisable.

The left globe was also unusually prominent. Dr. Peachy thus concludes the imperfect account of the case. "Several months ago, Mr. M., felt a renewal of the fulness, he first spoke of in the globe of the eye—pain accompanied it, and suddenly he felt 'something give way.' To his astonishment, upon raising the lid, his sight had been restored to him as if by miracle, and for six months he has enjoyed as perfect vision as ever. In proof of this last assertion, in the presence of myself and others, he has read with the left eye alone, an ordinary newspaper print with perfect ease and without the aid of glasses. The lens escaped into the interior chamber, fell below the organ of vision, and has been undergoing gradual absorption. It was a hard, lenticular cataract, judging from its size and the amber color so frequently mentioned by writers on this disease. The right eye has recovered its normal vigor, and Mr. M. has now perfect vision and no pain. Excepting the small amber-colored body resting against the lower margin of the cornea, within the anterior chamber, no one would discover that Mr. M. had suffered from any such affection as that of which I have given you the above description, and of which I can find no such termination in any work in my possession."—*Maryland and Virginia Medical Journal.*

On the Reduction of Luxations of the Head of the Humerus simply by Manipulation.

BY HENRY H. SMITH.

The method of reducing dislocations of the head of the humerus by elevation and rotation is not a new suggestion, but to Professor Smith is undoubtedly due the credit of having amended and methodized this plan of treatment, and as such to render it worthy the attention of the profession. It does not require the use of an anæsthetic, provided the movements are made gently and slowly, so as not to induce fear or muscular resistance, and may be practiced when the subject is sitting up, in which event the scapula requires to be steadied.

The manipulation for an axillary luxation is as follows: Elevate the humerus as much as possible, or, at least, to a right angle with the body, and flex the forearm at a right angle with the arm, so that the palm of the hand will present to the patient's abdomen. Then seizing the wrist with one hand, and the surgical neck of humerus with the other, while the arm is thus elevated and the forearm flexed, use the forearm as a lever, and rotate the head of the humerus upward, outward, and backward, until the palm of the patient's hand looks upward, and a strong resistance to further rotation, caused by the tendon of the subscapularis, is felt. Then bringing the elbow slowly to the side, and keeping the humerus parallel with the middle line of the axilla, that is, not carrying the arm either toward the anterior or posterior portion of the trunk, rotate the head of the humerus upward and forward by reversing the motion of the forearm until the palm of the hand shall again look downward, bringing the elbow to the side during this latter rotation, when the luxation will be reduced with great ease to both patient and surgeon.

To reduce an anterior luxation, carry the elbow as far backward as possible, and elevate it so as to throw the head of the bone into the

axilla, then treat as in an original axillary dislocation. For a posterior luxation elevate the arm and carry it strongly forward, so as to make an axillary variety, and proceed as before.

The paper is illustrated by twelve cases, treated by this method, three being of the anterior variety, and the remainder axillary. One of the former was of three weeks' standing, and one of the latter of six weeks' duration. In about half the number, anæsthetic agents were not employed.—*N. A. Medico-Chirur. Rev.*

Traumatic Tetanus Cured by Tartarized Antimony in large Doses.

The success which has attended the treatment of chorea by large doses of tartarized antimony (that is to say, by the strongest doses that the patient can bear without vomiting or diarrhœa,) has induced Dr. Conway, of Neuchâtel in Switzerland, to adopt this plan of treatment in traumatic tetanus; and he has succeeded in curing two patients by the administration of this medicine. The last case was that of a man, sixty-three years of age, who was seized with violent pain in the left hand, and particularly in the middle finger, which was effected with gangrene extending to its metacarpo-phalangeal articulation. In the course of time the finger became dried up, and was removed by gentle traction; but very soon afterwards the patient complained of stiffness in the muscles of mastication, and it was remarked that he could not open his mouth. Dr. Conway immediately prescribed tartarized antimony in the dose of half a grain every hour and a half. The medicine caused severe alvine evacuations, but no vomiting until the next morning. The patient had still the same difficulty in opening his mouth, and complained besides of stiffness of the muscles of the nape of the neck. Two days after the attack, the trismus was extremely well marked, and the patient spoke only with difficulty. The tartarized antimony was now given more frequently—namely, half a grain every hour; but still the symptoms were increased in intensity. The patient then experienced a slight amelioration of his complaint, the stiffness of the neck having diminished. On the other hand, the tartarized antimony had produced acute pain in the back of the mouth. Dr. Conway then ordered twenty four pills, containing sixteen grains of tartarized antimony, one to be taken every hour and a half. The next day after this prescription the patient was still worse; and as the constriction of the jaws did not allow him to swallow the pills any longer, he was ordered to take, every hour and a half, a teaspoonful of a solution of eight grains of tartarized antimony in sixty grammes of distilled water. It was necessary, however, to abandon this latter method of administering the drug, as it caused excessive pain in the back of the mouth, with ringing in the ears, and a linctus with chlorate of potash was employed. The next day but one the tetanus still advanced, but the state of the mouth was improved under the use of the chlorate of potash, and the tartarized antimony was again administered every hour and a half, together with the chlorate of potash. This treatment was continued for seven days, after which time the patient complained of pain in the stomach, and the tartarized antimony was omitted; but the tetanic symptoms diminished from this period, and it was not necessary again to have recourse to the medicine. The case is remarkable from the

perseverance which was shown in the use of the tartarized antimony, and from the successful results which ensued from its combination with chlorate of potash, the latter salt appearing to modify the injurious effects of the tartar emetic, and enabling the patient to continue the antimonial treatment much longer than he would have been able to do without such an adjuvant.—*Br. and For. Med.-Chir. Review.*

Extra-Uterine Pregnancy.

BY MAUS ROSA VEDDER, M. D.

The history of the following case is imperfect, owing to the fact that the patient during life was attended by a homoeopathist, who failed to note any important points that might have been present. In some unaccountable way he came to the conclusion that the disease which the patient was laboring under was dropsy.

A. B., aged thirty-two years, married eleven years, had menorrhagia about two years ago; menstruated regularly until within eight months, when menstruation ceased, had morning sickness and the usual signs of pregnancy. The movements of the child were perceptible to the mother early in the pregnancy, and sometimes would produce great distress, violent pain in the abdomen, vomiting, faintness, and syncope. Later in the disease, or about the seventh month, the abdomen was thought to be of unusually large dimensions, and was observed to point in the umbilical region. The patient was greatly emaciated, and the feet were œdematous. About two weeks before her death, the patient was seized with labor pains, which lasted with greater or less intensity for two or three days. The attack then passed off, to be succeeded at varying intervals by others of a like character. During the last attack, which continued several hours, the abdomen became exceedingly tender on pressure, so much so that the weight of the bedclothes could not be borne; the urine was scanty and high-colored, and was attended by excruciating pain in its expulsion. She died of exhaustion undelivered.

The autopsy was made twenty hours after death, under the direction of Dr. A. M. Vedder of Schenectady. Body much emaciated, abdomen full and greatly distended, feet œdematous. In the right hypochondriac region there was a large, hard, rounded tumor, and in following a line obliquely across the abdomen to the left iliac region, was felt a hard and uneven mass, the former very much like the head, and the latter like the extremities of a fetus. Deep-seated fluctuation could be detected in the umbilical region by palpitation. In making an incision through the parietes of the abdomen, there was brought to view a thick, dense, fibrous membrane, extending from the pubes midway to the umbilicus, and in immediate contact by recent adhesion with the peritoneum. Making an incision through this membrane I was greatly surprised to find, by the escape of urine, that I had perforated the bladder, that viscus being adherent to the abdomen, which accounted for the pain during micturition. Peritoneal adhesions, of recent origin, were also found in many parts of the cavity, breaking down easily between the thumb and finger.

Just above the uterus, below the bladder and within the peritoneal sack, was found a large tumor, which apparently filled the entire abdominal cavity. Making an incision through the walls of this tumor, two

quarts of dark brownish fluid escaped, together with a quantity of clot-
ted blood, and a fully developed fœtus in a perfect state of preservation.
The fœtus lay upon its right side, obliquely across the spinal column,
with the head flexed upon the thorax, the thighs upon the abdomen,
and the arms lying lengthwise at the sides. The head occupied the
right hypochondriac region, and the feet the left iliac region. After
evacuating the contents of the cyst it was found to be composed of
two layers, the chorion and amnion, in intimate relation with one an-
other, yet easily separated by gentle traction. Its walls were not in
any way connected with the organs of generation, but were adherent,
at different points, to the large and small intestines.

The placenta was attached to the sigmoid flexure of the large intes-
tines and the surrounding tissue of the left iliac region. The uterus
was much larger than in the unimpregnated state, and on its internal
surface presented a very vascular appearance; the cervix was closed by
a green, gelatinous, tenacious plug.

The right fallopian tube and ovary were normal, while the left pre-
sented a curious anomaly. No communication existed between the
uterus and the ovary, the canal of the tube being completely obliterated.
It would be impossible to state whether this impervious condition of the
Fallopian tube took place before the impregnation, or in consequence of
it. If this point could be ascertained it would be of importance in a
physiological point of view.

It may be remarked, that if the Cæsarean section had been perform-
ed in this instance, during life, the operator would, in all probability,
have carried his incision through the walls of the bladder, and death
would have been the inevitable result.—*American Medical Times.*

Sudden Whitening of the hair.

The question of the sudden whitening of the hair is a disputed one
notwithstanding the numerous facts said to be attested in the affirma-
tive. Physiologists, generally, incline to a belief in the sudden change
of color; and many curious theories are adduced to account for it.

We have sometimes seen the hair on patient's heads totally change in
color, near to the roots, at least, from a black to a silvery white, or even
to a brickdust red, but our credulity has been spared a stretch by de-
tecting the previous customary use of *hair-dye*, and supposing that dur-
ing illness its use was not very convenient. This is, we are aware, spoil-
ing the poetry of the transition, and we would not thus accuse the
Prisoner of Chillon, who said:

“My hair is gray, but not with years,
Nor grew it white in a single night.
As men have grown from sudden fears.”

But our unpoetical theory would not account for the change as rapid-
ly as Scott says it can take place:

“Danger, long travail, want and woe,
Soon change the form that best we know;
For deadly fear can time outgo,
And blanch at once the hair.”

The best authenticated instance of sudden whitening of the hair is
the following, which has recently appeared:

“A correspondent of the *London Medical Times* having asked for

authentic instances of the hair becoming gray within one night, Mr. D. P. Parry, Staff Surgeon at Aldersholt, writes the following very remarkable account of a case of which he made a memorandum shortly after the occurrence: 'On Friday, February 19, 1859. the column under Gen. Franks, in the south of Oude, was engaged with a rebel force at the village of Chamba, and several prisoners were taken; one of them a Sepoy of the Bengal army, was brought before the authorities for examination, and I, being present, had an opportunity of watching from the commencement, the fact that I am about to record. Divested of his uniform, and stripped completely naked, he was surrounded by the soldiers, and then first apparently became alive to the danger of his position; he trembled violently, intense horror and despair were depicted on his countenance, and although he answered the questions addressed to him he seemed almost stupified with fear. While actually under observation, within the space of half an hour, his hair became gray on every portion of his head, it having been, when first seen by us, the glossy black of the Bengalee, aged about 54. The attention of the bystanders was first attracted by the sergeant, whose prisoner he was, exclaiming, 'He is turning gray,' and I, with several other prisoners, watched its progress. Gradually, but decidedly, the change went on, and a uniform grayish color was completed within the time named.'

Strangulated Oblique Inguinal Hernia Treated by Inverting the Patient.

BY HENRY POWER, M. D.

On the 14th ult. Wm. W. presented himself amongst the out-patients of the Westminster Hospital. He stated that he was forty four years of age, a soda water maker by trade, and that he had suffered from hernia for twenty years. He had always worn a truss, and though the bowel occasionally slipped down he had always been able to replace it by himself. On the day previous to his coming, at five o'clock p. m., he was pulling down the sash of a window, when the hernia descended with much force in spite of the truss. He immediately went home and attempted to reduce it, but his efforts were fruitless; he therefore re-adjusted the truss and went to bed. He endured much pain through the night, and got no sleep. In the morning he felt sick and vomited his breakfast.

On examination a very tense tumor was found in the right inguinal region. It was about equal in size to a guinea fowl's egg, and was extremely tender to the touch. I could not ascertain whether the hernia was direct or oblique. He complained of nausea, and of pain radiating over the whole abdomen.

I placed him on his back, with the knees drawn up, and for five minutes endeavored to reduce the hernia by steady pressure, but no impression whatever was made upon it. Recollecting the plan which was rediscovered or reintroduced by my friend Mr. Jessop, of Cheltenham, and of which several successful instances are on record, I obtained the assistance of one or two of the students and placed the patient on *his head*. On again gently compressing the tumor, I had the satisfaction of feeling it quickly recede, and in less than a minute it entirely returned, with an audible gurgle.—*London Lancet.*

Rupture of the Spleen.

BY NEVILL JACKSON, M. D.

The following case of rupture of the spleen from slight violence derives additional interest from the evidence it affords of recovery from a previous injury of the same nature.

In November last I was desired to examine the body of a middle-aged woman who had been found dead, and against whose husband suspicions were entertained, as he had disappeared, and had not been seen since the occurrence.

The head and chest were examined without result, but the abdomen was found to contain a large quantity of blood in a fluid state, derived from an extensive rupture of the spleen. In conducting the previous steps of the autopsy I had noticed a small circular patch of ecchymosis which exactly corresponded with the rupture, and I had therefore no hesitation in giving it as my opinion that the lesion was probably caused by a thrust in the side with a stick or other blunt pointed weapon, and that a very slight degree of violence would suffice to cause the injury, as the organ was abnormally enlarged and softened.

If the subsequent statement of the husband, made in ignorance of my expressed opinion, may be taken as confirmatory, this surmise would appear to have been correct, as he confessed to having pushed her in the side with a small bit of cane.

The scar of a previous rupture, about three inches in length, was observed, which had healed in a peculiar manner, the edges being inverted, and presenting rounded, smooth surfaces which were not in contact, bands of fibrinous structure apparently forming the chief bond of union.—*London Lancet*.

EDITORIAL DEPARTMENT.

Delay.

This number of our journal has been delayed beyond all calculation, and our friends must find an excuse in their own feelings and agitations upon the *war question*. Every department of social existence has been more or less influenced by the destructive elements of war, and *mind* has been, in many instances, almost entirely dethroned, leaving the animal economy a mass of moving matter, operating as a machine by the influence of this or that propelling power, and guided by the impulses of the moment, or the despotic sway of circumstances.

Wisdom has fallen asleep, or is engaged plotting the destruction of man; *genius* has forsaken its varied operations, and is engaged solely, in the planning and construction of implements of death; the *senses* are blunted—the *tissues* are in a morbid condition, and the physician is expected to overcome all, as if by the magic power of the rod of Moses or the wand of the magician.

But what has this to do with the editor's duty? He must grind out something, or be looked upon as a "used up man;" this we are not willing to admit; as we shall prove in the future that we have only been

preparing to "take aim," that done the *enemy* better stand aside, as our army of M. Ds. will be well supplied with *boluses*.

Observations on the Proximate Cause of the Intermittent Pulse, and on the Forces producing the Venous and Absorbent Circulation.

The above is the heading of an article by Dr. Thomas Carroll, of Cincinnati, published in the May number of the "*N. Amer. Med. Chirurgical Review*," in which it is proposed to demonstrate, by a new theory, the causes of the intermittent pulse, and the venous circulation. As the Dr. is a man of very considerable scientific attainments, and has no little reputation as a correct observer and sound reasoner, we would be glad to copy the article entire for the benefit of our readers, but as its length precludes the possibility of that, we will only give a brief synopsis of it.

The Dr. states that more than thirty years ago from frequent cases he met with, he became interested in the phenomena attending the intermittent pulse, and their probable cause; and he determined to institute, if possible, some researches to that end. He could easily conceive the remote cause to be nervous irritation, etc., but the immediate or proximate cause seemed to be a mystery which he could not unravel by anything he then knew. At first view, the knife and the dead body seemed to be the only means for accomplishing his purpose; "but what could be here told, when the heart had become motionless?" To properly investigate the matter, it was evidently necessary to actually *observe* the motions of the heart in the living animal; and that, too, when they were free from the excitement that would result upon the operation of exposing them. This he did by administering to the subject of the experiment, previous to opening the thorax, a drug whose sedative influence upon the circulation rendered the heart's action much less frequent.

His first experiment was upon a cat, which he prepared for the purpose by dropping a few drops of prussic acid upon its tongue. After exposing the heart it was found to be still acting, and continued to do so for about half an hour. He observed, "that although the action of the ventricles became less frequent, the diminution was not perfectly regular; but that after they had labored awhile, intermissions of them occurred every few minutes. But this was not the case with the auricles, for their action remained steady; and although their contractions became less frequent, yet there was the most perfect regularity to the last in this diminution, until, finally, they made a last effort to stimulate the ventricles." From this it is deduced that the proximate cause of the intermittent pulse is due to the harmony of the actions of the auricles and ventricles being interrupted viz: the regular contraction

of the ventricles succeeding immediately upon that of the auricles. The auricles, in obedience to their functions, contract and fill the ventricles; but these latter not heeding the stimulus of the blood remain passive. The blood, then, the bicuspid and tricuspid valves not acting through the inactivity of the ventricles, flows back into the auricles, by which it is again forced into the ventricles, which now responding drive it into the aorta. Of course, this interruption in the contractions of the ventricles is perceived throughout all the ramifications of the arterial system.

During his experiments he observed that the auricles received no blood from the cavas and pulmonary veins until after the contractions of the ventricles, when they became filled *from the lateral pressure of the distended aorta upon those vessels*. The descending aorta and ascending cava, to which the Dr's observations were mostly confined, being in juxtaposition, and surrounded by dense tissues, and the cava being supplied with valves so as to prevent any retrograde motion of the blood, it is obvious, he thinks, that the fluid in the vein must be forced upwards by the wave that is propelled along the artery.

Not only in the larger vessels near the heart does the Dr. consider that the venous blood is propelled onward by the "*lashings*" of the arteries against the veins, but he thinks the same cause operates to produce the same result in the smaller vessels distant from the heart. The blood having been forced into the venous capillaries by the arteries, receives an impulsive motion by the swell and stroke of the numerous small arteries, and is driven along passed the valves, which prevent any retrograde motion, into the larger veins. These gradually approximate, until they are finally bound up in the same sheath with the great arteries of the economy which affect them as before mentioned.

The demonstrations given of the venous circulation of the liver and brain through the arterial swell, are peculiarly interesting, but want of time and space prevents us from giving more than a brief account of that of the latter.

"The brain is situated," to quote a brief synopsis by the Dr. himself, "in a bony case, which in the adult is unyielding. The only inlets and outlets are those of the arteries and veins, and those, we know, ramify throughout the organ and are constantly full; that is, there is in the brain no empty space. The arterial blood may, indeed, be greater at one time than at another, and so may the venous be less or greater as the arterial is increased or diminished; or there may be an atrophied condition of the brain, which may require greater distention of the arteries. Still, the concavity of the cranium must throughout life be full.

"This being conceded, proves that a single drachm, or even a drop of blood being admitted by the arteries, must of necessity displace an

equal amount of venous blood. The question then is, how is this effected? We know that the longitudinal and lateral sinuses are constantly filled with blood even after the extinction of life; and we know also that they are supplied by numerous veins, some of which enter so that their contents cannot return to the brain. Now, when the stroke of the arteries occurs, and forces into the capillaries of these veins a certain amount of fluid, their sides are lashed by the arterial impulse acting on the brain, and a corresponding amount of blood is forced into the sinuses. The extremities of the sinuses rest in a fossa on either side, and have a free opening into the internal jugular veins. These lie throughout their entire length in a common sheath with the carotid arteries. Now, at the moment the carotids swell with blood, they drive in an opposite direction the blood in the jugulars; so that just before the brain receives an impulse from the arteries the jugulars have been relieved of an equal amount of their contents, and are again ready to receive and actually invite a flow of blood from the sinuses."

In regard to the circulation of the absorbent system, it is demonstrated that the same forces carry it on as that of the venous circulation. That in the thoracic duct by the swell of the aorta, left carotid, and vena azygos—more particularly of the former two.

Many very interesting observations were made by the Dr. during his experiments that we would like to make mention of, but our space will not permit. Indeed we would like to make some remarks of our own in regard to the theories advanced, but for the same reason we cannot at the present time. *

Obituary Notice.

It is with no little pain that we record the decease of Dr. William Krause of this city. He died May 21st. A native of Germany, where he obtained his education, which was of very high order, he possessed very superior talents; and although but a young man, having been in the profession but some eight years, he had attained, at the time of his demise, to no little degree of eminence among his *confreres*. Indeed, we know of no young physician, the sun of whose hopes for obtaining a high and noble position in the profession seemed brighter or more rapidly rising than his. Besides his accomplishments as a physician and man of learning, he possessed all the qualities of a gentleman, and was beloved by all who knew him.

A few evenings after his decease, a meeting of the Medical profession of the city was held at the Dental College, at which appropriate resolutions were passed. Previous to their passage, eulogistic remarks were made by Drs. E. Williams, Dodge, Comegys, McIlvaine, and Murphy. *

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MISCELLANEOUS CONTRIBUTIONS AND SELECTIONS.

For the Medical and Surgical News.

Adhesive Inflammation.—A Substitute for the Knife in Fistula in Ano.

PROF. A. H. BAKER—Dear sir: Allow me to lay before your readers an awkward account of a case, in which adhesive inflammation answered as a perfect substitute for the knife in fistula in ano.

Henry Deuwer, æt 30, occupation farmer, applied to Dr. Daniel (who studied with me) for treatment. The Dr. took charge of the case; though he did not do anything until I was called. On examination we found an incomplete fistula of four months standing. The history of the case proved it to be a sequence of a perineal carbuncle, situated near the right tuber ischii, about two inches in depth, pointing well in towards the rectum, with a constant discharge of a rather thin mucopurulent fluid; its walls much indurated, which gave to it a dense cartilaginous feel to its very bottom; its external appearance was that of a longitudinal fissure near a half inch in length.

"It had been treated," to use the patients own words, "by two Doctors who done nothing but try to salve it over for some weeks." Being opposed to the knife (on account of its inefficiency in many cases) I laid the following plan of treatment before Dr. Daniel, which he agreed to, and carried out to the letter.

A saturated solution of the sulphate of zinc* was injected into the fissure with great force; rest enjoined till the third day, at which time the induration appeared to be entirely overcome. The operation was repeated in the morning, and then, after the bowels had been well cleared by a drastic cathartic, the highly inflamed walls of the fistula were brought into complete apposition, by filling the rectum with raw

* This would not do as vesicatory in every case, but in the majority I think it would. However, when the walls of a Fistula are exceedingly hard, the whole class of escharotics is at command, from the sulph. zinc to the actual cautery.

cotton, to the depth of three inches, making of it a well impacted cylinder to that extent. The bowels were now completely tied up with opium; we had fears that a foreign body in the rectum would produce a strong desire to go to stool, but such not being the case, we can only account for it on the ground, that the cotton in a dry state absorbed the mucous exhalations, or secretions, leaving the tactile sensibility of the nerves much obtunded.

He bore it well, however, for forty-two hours; and when this rectal tampon was removed, adhesion was as perfect as was ever seen in a case of a common incision, to within a quarter inch of its outer edge.

That slight mishap was caused by the external sphincter forcing the cotton in, and closing the anus, thereby letting its walls separate to that extent. It yet remained a fistula one quarter of an inch in depth. This was treated with the oint. iodide of lead, a strong adhesive strap drawn across it, and some degree of pressure kept up for a week, which overcome the induration following the separation of its walls externally by the action of the sphincter as mentioned. A second adhesive strap was now tightly drawn across the fissure, which made a nice coaptation of its walls. It was now left to heal, and in ten days we had the satisfaction of finding a perfect union. When examined ten days later still, there only remained a good dense cicatrix; the whole time being about four weeks. The patient's health, which was bad, underwent a great improvement. The patient is now well in every respect.

I have no comment to make; I only ask that the merits of the plan be thoroughly tested.

J. J. KIMBERLIN, M. D.

Medora, Ind. Feb. 7, 1861.

Remarks on Gun-Shot Wounds.

BY GEORGE HAYWARD, M. D.

Gun-shot wounds are produced by obtuse bodies, generally of a metallic nature, projected by fire arms. They have usually the form of punctured wounds, and their surfaces are always contused. It is of course impossible that they should heal by the first intention. Suppuration must take place, and there is always danger that the inflammation will be excessive.

So great is the sloughing that is ordinarily produced by wounds of this character, that for some time after the invention of gunpowder, it was supposed that the mischief arose either from the parts being burned, or from the balls having been poisoned.

It is now well known, that however great may be the velocity of the balls, they do not acquire any perceptible degree of heat, and it is also well understood that there is nothing poisonous in the ingredients of which gun-powder is composed. The severe injury which is produced by musket balls, is attributable to their obtuse form, and the great velocity with which they are thrown. These are sufficient to produce a violent contusion and laceration of the injured parts.

As more correct views are now taken of the nature of these wounds, so also a more correct method of treating them has been adopted. For this we are in part indebted to the celebrated Ambrose Pare, whose practice was much less severe than that of his predecessors; but Mr. Hunter must also be regarded as a great reformer on this subject, as well as in most others connected with surgery.

According to him (and no one who has given the subject the slightest attention can doubt the propriety of the distinction,) gun-shot wounds will vary according to the kind of body which is projected and which produces the wound, the degree of velocity with which it is projected, and the nature and peculiarities of the injured part. The bodies that produce the wound are, for the most part, musket balls, though it is sometimes caused by cannon balls, or pieces of shells, and, on board of ships, by splinters of wood. Even when it is produced by musket balls, the injury is occasionally very much aggravated by the foreign bodies which are carried by them into the wound. Pieces of cloth are often driven in by the balls, and great mischief is sometimes caused, when the bone is fractured, by some of the splinters.

When the velocity of the ball is small, the injury, on several accounts, is not likely to be so severe as when it is greater. The contusion and general violence done to the soft parts are less, and the bones, too, are not so likely to be fractured. But if the velocity of the ball is merely sufficient to fracture the bone, it is more apt to be splintered than if the velocity had been very great; for in this case the ball passes directly through the bone, and, as it were, takes a piece out of it. But this, after all, depends very much upon the resistance which the bone makes to the ball, the hardest bones being the most frequently splintered.

If the same extent of injury be produced by two balls, moving with different degrees of velocity, the wound made by the ball with the greater velocity will require the longer time to heal. This can only be accounted for on the supposition that the parts are more contused in one than in the other case, and that consequently the sloughing will be greater. It is said that when a ball passes through a part, the orifice at which the ball comes out will heal sooner than that at which it enters; it having lost some of its velocity in its passage, it cannot, of course, inflict so great a degree of injury.

Gun-shot wounds are more or less severe according to the parts which are injured. Those affecting the external integuments and muscles are the least important; those which are complicated with injury or fracture of the bones more so, and those are the most serious which penetrate some of the larger circumscribed cavities. These last also are of two kinds; one of which merely penetrates the cavity, and the other in which some important viscus contained in it is injured.

Gun-shot wounds, from the degree of contusion that always attends them, do not usually bleed much, unless some large artery is cut off. The amount of hæmorrhage, however, is very different in different cases, owing to the manner in which the wound is produced. If the artery be cut directly across, and this be done by a ball that is moving with great velocity, it will bleed freely; but if it be bruised and in some degree torn, it will bleed much less. It occasionally happens that though the bleeding may be trifling at the time of the accident, it comes on profusely some time after. This arises from the injury which has been

done to the artery, producing a sloughing of its coats, and the separation does not take place until several days after the wound has been received. The deadened parts are usually detached from the sixth to the fifteenth day after the receipt of the wound, and the greatest danger of hæmorrhage is consequently between these periods. The patient should, of course, be carefully watched till this has taken place; it may occur in the night, and if proper measures have not been adopted, he will bleed to death before any aid can be afforded him. If the hæmorrhage proceed from an internal artery, nothing, of course, can be done; but if it be one in either of the extremities, there would be no difficulty in controlling the bleeding at the time, and the vessel could be afterwards tied or the limb be amputated, as the circumstances of the case might seem to require.

The direction of gun-shot wounds is sometimes very singular, owing to the strange course which the ball takes. When the velocity of the ball is small it is easily diverted from its course, the soft parts alone are then sufficient to do this. There are other circumstances also that have an influence on its course; such as its form and direction, the position and the nature of the parts through which it passes; or, in other words, the degree of resistance it offers to it. Many curious cases are related of the direction which balls have taken, some of them passing nearly round the body, and coming out almost at the same spot in which they entered. Balls have been known to enter the integuments, over the os frontis, and go round the cranium to the occiput. The same has been met with in the thorax and the throat.

No credit is now given to the opinion that was once entertained, that the body can be seriously injured with the wind of the ball. Contusions often take place, which were attributed to the commotion produced in the air by the rapid motion of the ball through it. They were also attributed to electricity, supposed to be generated by the violent friction of the ball in the bore of the gun, and communicated by the ball to the injured part. But there is no foundation of this theory, for metallic substances do not become electric by friction. The truth is, that these injuries, which are frequently called wind contusions, are caused by the ball itself. They may arise from the oblique direction in which the body is struck by the ball, or the circumstance that it is not struck at all till the ball is spent.

In the *treatment* of gun-shot wounds of the extremities, the first thing to be decided is, whether the operation of amputation must be performed. If the muscles and other soft parts be extensively torn and contused, if the bone be shattered, the joint opened, the principal artery and nerve of the limb divided or seriously injured, and the limb itself cold, no doubt can exist as to the expediency of amputation, and delay would jeopard the life of the patient. But there are frequent cases of much less severe injury, where it is not so easy to come to a decision as to the propriety of an operation, and in which the exercise of great coolness and good judgment is required to arrive at a correct opinion. It often happens, from the nature of the wound, that the extent of the mischief is not known at the time of the accident, but when the *sloughing* process has separated the dead from the living parts, it will be found, that if the limb could be preserved it would be useless, and that the attempt to amputate it would endanger the life of the patient.

In doubtful cases we must be guided by the particular circumstances of each case, and the constitution of the individual. No general rule can be laid down that would be applicable to all.

When there is no doubt as to the propriety of amputating, the operation should not be done while the system is in a state of languor and depression, before it has recovered from the shock of the accident; but it should not be delayed after reaction has taken place. This usually happens in from two to six hours after the receipt of the injury; it is indicated by a change in the countenance, by the subsidence of the nervous symptoms, by the pulse, which before was rapid and small, now becoming firm and moderate, and by the coming on of the pain of the wound. The experience of the best military surgeons has shown, that patients who are in this condition have a good chance of recovery. In fact, Mr. Guthrie says, that "he will recover in the proportion of nine cases out of ten in any operation on the upper extremity, or below the middle of the thigh, without any of the bad consequences usually mentioned by authors as following such amputation."

There can be no doubt that much of the fatality that ensues after amputation from gun-shot wounds, is attributable to the want of discrimination in the surgeon; in not examining, and not attending to, if he does examine, the particular condition of each patient. Many lose their lives, because the operation is performed before reaction has come on; when the nervous system is depressed, the circulation languid and feeble, and the skin cold. In this state, any addition to the causes of depression must prove fatal, and yet how frequently are limbs amputated while the patients are in this state!

When amputation is not deemed necessary, the next inquiry is as to the proper dressing to be applied to the wound. In this respect, a great improvement has taken place in modern times, by which the sufferings of the patient are materially lessened and his chance of recovery much increased. The first step towards improvement was made by Ambrose Pare, and may be truly said to have been the result of accident. Up to this time, it was the universal practise, from a belief in the poisoned nature of gun-shot wounds, to dress them with burning oils. These burning oils were applied for the purpose of deadening the parts still more, and in this way prevent the action of the poison, with which the wound was supposed to be impregnated.

Pare accompanied the French army into Piedmont, and was with them at the siege of Turin. Many of the soldiers were wounded, and his mind being impressed with the belief of the poisonous character of the wounds, he dressed them in the barbarous manner then in use. "At length," he says, for I give you a translation of his own words, "my oil being expended, I was compelled to use instead of it a digestive liniment, composed of the yolk of eggs and the oils of rose and turpentine. But I did not sleep well that night, fearing that I should find in the morning those, whom I had dressed with this liniment, dead from poison. I rose therefore very early and visited them, and found, contrary to my expectations, that they had slept well, been free from pain, and that their wounds were neither swelled nor inflamed. But those in whom the boiling oil had been applied, were feverish, and in great pain, and the neighborhood of their wounds much swollen. I determined then that I would never burn again, in the cruel manner that I had heretofore done, the poor fellows that should be wounded with fire-arms."

A circumstance of this kind was not lost on a man like Pare; it taught him a lesson to which he is indebted for his success in practice, and for the reputation he has enjoyed. He learned from it the value of mild dressings in cases of gun-shot wounds, and he thus spared his patients much unnecessary suffering, and had also the satisfaction of seeing the wounds heal up more rapidly. But though this was a vast improvement, whether we regard the comfort or safety of the patient, we are indebted to Mr. Hunter for another, and that is, the strong reprobation which he gave of the indiscriminate dilatation of gun-shot wounds, which was practised till his time.

It was thought that by doing this, the wound could be converted into an incised one, and a freer exit, at the same time, afforded to any foreign substances that might have been forced into it. But the character of the wound is not changed by an incision, and in consequence of the contusion and sloughing which it occasions, the wound is much larger than the ball which produced it, and a free passage is thus given to the matter or other extraneous bodies it may contain. These and other considerations led Mr. Hunter to the conclusion that dilating gun-shot wounds, "as a general practice, should be rejected at once, even," he adds, "were it only for this reason, that few gun-shot wounds are alike, and therefore the same practice cannot apply to all."

This indiscriminate dilatation of those wounds is wholly at variance with our practice in all other cases, which is, that nothing of importance should be done to wounds in their first stages, but to promote, if the circumstances of the case will admit of it, union by the first intention. It is generally admitted now, that gun-shot wounds should only be dilated when there is some plain and beneficial object to be accomplished by it.

It is no doubt proper to extract, as early as possible, as many foreign substances as can be removed without causing great violence and giving the patient much pain. By so doing, a great source of irritation is removed; the nervous symptoms will probably be less severe; the inflammation that supervenes will not run so high, and the suppuration will be less profuse. But these foreign bodies are only to be removed when they are near the orifice of the wound, and are easily come at; and it should be recollected that much searching for them produces a great degree of irritation in the wound. When they cannot be removed without this, they should be allowed to remain, unless they are pressing on some important nerve, or artery, or organ, whose functions cannot be disturbed without producing dangerous symptoms. But if this should not be the case, they should be left to the natural processes, and they will probably be thrown out when the sloughs separate, or when the suppuration is well established. It should be recollected, too, that a smooth, round body, like a bullet, will often remain in the body without producing any inconvenience, and lead is said to be less irritating than any other foreign substance. It is therefore by no means necessary to attempt, in every instance, the extraction; it may be suffered to remain, if it cannot be easily removed, and does not incómmode the patient.

From the nature of gun shot wounds, it is, of course, not to be expected that there can be union by the first intention. A tedious process must be gone through with before the healing can be accomplished. The deadened parts must separate from the living, and the wound

must be healed by suppuration and granulation. If an extremity be the injured part, and the bone be badly broken, all the loose splinters must be carefully removed, should it have been decided that amputation should not be performed, as they produce a great degree of irritation, and add very much to the danger of the case. If there should be any considerable bleeding, which is not a very frequent occurrence, the vessel must be tied at once. The limb should be laid in a splint, a mild dressing applied to the wound, and the whole of the limb should be covered with an eighteen-tailed bandage. The dressing may consist of simple cerate or dry lint; and the accident should, in fact, be managed very much in the same way as a compound fracture.

Some linen cloths should be placed under the bandage, and these should, for the first few days, be kept constantly wet with a lotion of the acetate of lead or cold water. All military surgeons of the present day are of opinion that these cold applications are of great service in preventing the inflammation from becoming excessive, and it is fortunately a remedy that can be obtained under all circumstances.

They are also equally agreed in condemning the use of tight bandages, or any thing that shall compress the limb. It is believed that mortification has frequently been induced by the improper manner in which the wound has at first been dressed. The bandages should be tight enough only to keep the dressings in place, and great allowance should be made for the swelling that usually comes on. The limb should be placed, if possible, in a position comfortable to the patient, and be allowed to remain at perfect rest.

In young, robust and healthy persons, when the shock of the accident has not been great, and the system does not seem depressed by it, and much blood has not been lost, it will be proper to take some blood from the arm, if the pulse be good; on the contrary, stimulants should be administered if there be symptoms of great depression and languor, and venesection, if done at all, should be deferred until reaction has taken place. Even when general blood-letting is not admissible, the application of leeches to the neighborhood of the wound is often highly useful in allaying the inflammation, and the same treatment may be adopted for this purpose as was recommended when treating of inflammation.

Usually, at the expiration of twenty-four hours, swelling and the other inflammatory symptoms come on in the part, accompanied with a constitutional affection of a febrile character. In cases of fracture, the cold lotions may still be continued a few days longer; but where the bone is not broken, the pledget of simple cerate or dry lint, as the case may be, should be removed, and a mild poultice applied, and in fact this is the best application in every instance, after suppuration has commenced.

It is necessary to administer gentle saline cathartics occasionally, and to give opium, if the pain be severe. The diet must be varied according to circumstances. During the inflammatory stage, it should consist wholly of vegetables, and those of the mildest character. But when the suppurative process is established, the system requires support and animal food of a digestible kind may be allowed.

Should mortification take place, notwithstanding all these precautions, amputation should be performed at once, without waiting, as was formerly done, for the line of demarcation to be established between

the dead and living parts. You may recollect that I stated, when treating of mortification, that it was not necessary to do this, in those cases of mortification that came on from accidents..

The suppuration is usually in proportion to the extent and violence of the injury; and in cases that are going to terminate favorably, it gradually diminishes, after the sloughs have separated, the cavity fills up with healthy granulations, and the bone, if it has been fractured, becomes firmly united.

But gun-shot wounds do not always take so favorable a course; it sometimes happens that the secretion of pus is excessive, and that all the means that are employed for the purpose are of no avail in checking it. The consequence is that the system becomes enfeebled, the patient is wasted, hectic fever and night-sweats come on, and a fatal termination is threatened. It requires great judgment to determine how long an attempt shall be made to save the limb without putting at hazard the life of the patient. The state of the limb, as to the extent of the injury, may aid us somewhat in coming to a decision; for we should be much more ready to amputate, if the limb was so much injured that it could be of but little use to the patient, if he should recover, than if the wound was such, that there was a prospect of restoring the part to its former usefulness.

It frequently happens that a cannon ball carries off a limb, and a question arises, what is the surgeon to do under such circumstances? Nearly, if not quite, all army surgeons of the present day, would recommend immediate amputation of the stump, after reaction has taken place. In this case you have a clean cut surface, instead of an irregular contused one, and the stump will consequently heal much better. The muscles, from the very nature of the accident, are torn in the most irregular and unequal manner, and the delay of the operation endangers the life of the patient.

You will thus perceive that gun-shot, are to be treated on the same general principles as all other wounds, and that there is no foundation for the opinion that they have a specific character, which requires a peculiar mode of treatment. They are merely contused wounds of an aggravated kind, owing to the velocity of the body by which they are produced, and their great depth, when compared with their external opening. There is another circumstance which frequently increases their severity, and that is, that foreign bodies are often carried in by the ball, as cloth and other articles of the dress of the individual who is wounded.—*Boston Medical and Surgical Journal.*

Rigidity of the Os Uteri.

BY CHARLES ARNOTT.

A rigid os is, perhaps, one of the most frequent causes of lingering labor. The pains are regular, increase in severity, and reach an intensity that assures all present of a speedy delivery. Examination reveals a dry, rigid vagina; the os high up, posteriorly, with an opening barely sufficient to admit the finger; the foetal head low down, anteriorly, covered with the uterine walls, and at each pain appearing as if about to force its way through these tissues. Thus, labor may continue for hours. In the majority of cases, the os is not truly in a rigid state,

but the absence of the dilating power of the wedge-like "bag of waters," the membranes being ruptured early, produces delay, and the head is driven not directly into the os, but against the anterior wall of the uterus. Dr. Arnott regards the usual treatment of these cases as highly improper, and prefers reduction and dilatation by manipulation, or in more aggravated cases incision of the opposing texture. The parts should be freely lubricated, the finger introduced during each pain, and the os drawn gently downward and forward, and at the same time dilated. A speedy improvement is the result, though in a small majority the os may require a slight notching with the bistoury. Dr. Arnott considers this but an imitation of nature, as the practitioner frequently observes spontaneous laceration, even to a great extent, as occurring in such cases. This plan he has followed for many years, and always with benefit. Never having encountered a case where any evil resulted, he believes it almost entirely free from danger.—*Lancet*.

Diarrhœa: Its Significance as a Symptom of Pulmonary Tuberculosis, Illustrated with Cases.

BY A. P. DUTCHER, M. D., OF ENON VALLEY, PA.

PART FIRST.

Diarrhœa is a frequent attendant upon phthisis. And for several years past I have been in the habit of regarding it as a very important symptom of this malady; particularly when it appears in an individual whose bowels have been uniformly costive in health. When it occurs very early in the disease, it is a symptom of more than ordinary significance. In many patients, it is the first symptom which marks the approach of this wasting disorder; hence, it has been called by some writers *COLLIQUATIVE*, from its blighting and withering influence upon the system.

It is, however, not very common for diarrhœa to make its appearance until the disease is far advanced, and has been declared by other signs and symptoms not to be misunderstood. But when it does occur at the commencement, and is unyielding to appropriate treatment, we may generally look for a speedy termination of the case; for there are few things which exhaust the vital forces more rapidly than a constant and profuse diarrhœa.

Statistical tables made out from cases that have occurred at the hospital for consumptives, at Brompton, London, show that diarrhœa began early in the disease, and continued throughout its whole course in one out of every eight patients; and only one in twenty-five was it wanting. In some instances, it preceded every other other symptom of the disease; in about one in eight cases, it began at the same time as the disease in the lungs, and attended its whole course, from five to twelve months, and in some cases much longer, but in the great majority of the cases, it began at the latter half of the disorder, and continued, with more or less severity, until the end.

The cause of diarrhœa in pulmonary tuberculosis almost always depends upon ulceration in the small intestines and colon. These ulcers usually commence in the mucous follicles of the small intestines, and when in the large intestines they occur in the same manner; but

when once begun, the ulcerating process extends itself indefinitely to the surrounding mucous membrane.

These ulcers are commonly produced by the deposition, softening and expulsion of tubercular matter. And in most cases, this entire process is accomplished without any very marked signs of inflammation. These tubercles are mostly of the miliary form, very small, not more than one-sixteenth or eighth of an inch in diameter. They usually have an opaque, cheesy appearance, and when we examine some of them minutely, we find that they are composed of immense numbers of granules of fat, withered nuclei; in others, we find that the centre is semifluid, softening down; while in others still more advanced, we find that the slight covering of the mucous membrane has given away, and a small ulcer is formed, with a depression in its centre, and an irregular excavated margin.

At the base of these ulcers, immediately beneath the peritoneum, are sometimes found numerous minute tubercles, arranged in nearly the same form as we find them in the lungs, and by softening and expulsion, they increase the magnitude of the ulcer. We do not, however, find these ulcers always presenting the appearance just described. Not unfrequently we find the mucous membrane raised, presenting a swelling about the fourth of an inch in diameter; and on making an incision into it, it is found to contain pus, and presents the appearance of a common abscess in the mucous membrane.

A very fortunate thing connected with these ulcers is, that they very seldom perforate the intestines. I never met with but one case of this kind; it was that of a young woman; she had been afflicted with phthisis for more than a year—diarrhœa was the chief trouble. One morning, just after rising, she was suddenly seized with an agonizing pain in the region of the cæcum. She speedily collapsed, and died in thirty-six hours. Post-mortem revealed a small perforation in the colon about an inch above the cæcum.

In some cases of diarrhœa attending phthisis, we find it alternating with constipation. I attended a case but a short time since where this state of things occurred. For some days the bowels would be very much relaxed, and could be scarcely restrained by the most efficient and active measures. Then again they would become very costive, swollen, and painful, and would not move for days without physic. In this case, the disease was confined more to the peritoneum, than the mucous membrane of the intestines. This was demonstrated by post-mortem examination, for that membrane was extensively studded with miliary tubercles, and there was considerable serous effusion in its cavity.

This is a fact in diagnosis worthy of being remembered. Where we have such alternations in the conditions of the bowels, during the progress of phthisis, attended with soreness on pressure, tympanitis, and pain on deep inspiration, we may, as a general thing, suspect more or less tubercular and inflammatory disease of the peritoneum, which is a sad complication of pulmonary tuberculosis, and adds greatly to the sufferings of the patient.

The evacuations, so far as my observations extend, have no uniform appearance. In some cases, they will be mixed with bile, in others with mucous, serum, and blood, or they may present the character of yeast, be very copious, and attended with little or no pain. In other

instances, the stools may be scanty, and composed of little else than blood and mucous, attended with considerable pain and tenesmus, and the case might be easily mistaken for acute dysentery. In others, the evacuations will sometimes be composed chiefly of blood, and amount to what might be called hemorrhage from the bowels. Dr. Habershorne, in his recent work on Diseases of the Alimentary Canal, has recorded a very interesting case of this kind, and as this book may not be accessible to many of our readers, we will quote the case in full.

"March 18th, 1857. Mr. —, was a man of temperate habits, who had considered himself in health until one month before his admission into the hospital. His principal symptom had been a discharge of blood from the rectum, with diarrhœa; he had cough, had rapidly emaciated, and become completely blanched.

"On examination of the chest, we found some flattening, with imperfect mobility of the left apex, soft mucous rattle, with increased resonance of voice. The abdomen was contracted, and free from pain. There was little doubt that he had phthisis. Emaciation rapidly increased, the cough became more severe, and the evidence of disorganization better marked; he died in one month from his admission; for several days he appeared in articulo mortis.

"On inspection, the abdomen unusually collapsed; old pleuritic adhesions were found on both sides; at the left apex was a small vomica filled with pus, and the whole upper lobe presented patches of red hepatization, minute tubercles, and the irregular iron-gray consolidations; at the upper part of the lower lobe there was a vomica, and a similar condition as in the upper lobe. The right lung was less affected, the bronchi were filled with purulent matter; the larynx presented a small ulcer on its inferior vocal cord; and the anglo-epiglottidean fold was œdematous. Heart normal.

"The stomach was healthy; the intestines, especially the small, were empty and contracted; the transverse colon presented a sigmoid twist near the spleen; in the lower part of the ileum were a few tubercles, and commencing ulceration. The ascending colon contained feces, and presented several ulcers, oval in form, and half an inch in breadth, with injected irregular margins.

"In the sigmoid flexure and rectum, the whole of the mucous membrane was injected, almost covered with patches of ulcers, and in some parts were portions of adherent diphtheritic membrane. The appendix cæci was twisted in a sigmoid form; at the right of the cæcum, near the terminal third, it became very much dilated; the mucous membrane at this part was entirely destroyed, and the muscular coat much hypertrophied. The mesenteric glands were considerably enlarged. The kidneys, liver, and spleen, were healthy.

"The ulceration of the rectum and sigmoid flexure had led to the hemorrhage which blanched the patient; in this state of exhaustion the disease in the lungs very rapidly advanced. It was not the part of the intestines usually affected in phthisis; and he had no pain, distension of the abdomen, or severe tenesmus; diarrhœa, with discharge of blood were the marked symptoms. The mesenteric glands were more than usually affected. The loss of blood apparently hastened the diseased action in the intestines rather than diminished it."

But hemorrhage from the bowels sometimes occurs during the progress of phthisis, where there is no ulceration of the intestines. Ob-

structions from either the pulmonary lesion or hepatic diseases which frequently accompany this disorder, may lead to engorgement of the portal circulation, which may be the means of producing congestion of the mucous membrane of the whole alimentary canal, and may cause hemorrhage from it, in the same manner as we have extensive exudations of blood from the bronchial mucous membrane, without any breach of structure. I have also known extensive hemorrhage to occur from the rectum in this disease, from simple engorgement of the hæmorrhoidal veins. And I have frequently known phthisical patients to experience great relief by the occurrence of such discharges, particularly when they were moderate in amount.

The appearance of the discharges most generally point out the source from which they came; if it arise from the hæmorrhoidal vessels, the blood will be abundant, and its color very florid, and it will either precede or follow the dejections; if higher in the intestines, it will be incorporated with feces; and when it travels a considerable portion of the alimentary canal, it becomes discolored by the secretions from the membranes. This is particularly the case, when the blood comes from the cæcum, or the stomach. In the latter organ, the acids of the gastric juice act upon the blood, and it becomes black, and is evacuated from the bowels in the form of a fluid which very much resembles tar.

The distinguishing feature, however, of phthisical diarrhœa, is its unmanagable character. It commonly resists all treatment; it may be checked for a short time, but it again returns, and frequently with renewed severity; and for several years I have ceased to employ any very active means to arrest it, being fully persuaded that it is a necessary concomitant of the constitutional malady, and that in this way the lungs are partially relieved by the bowels acting as a secondary scavenger for the elimination of tubercular matter from the system; for it is a fact, which has been demonstrated by frequent observation, that in cases of pulmonary tuberculosis attended with much diarrhœa, that the chest symptoms are in a great measure kept in abeyance; cough, pain, and dyspnœa are greatly mitigated; and in some instances, the lung disorder has been completely masked by the bowel symptoms, so much so that it was only revealed by post-mortem.

Another peculiar feature of this diarrhœa, as it manifests itself in phthisis, is the period of the day at which it mostly occurs. In most patients this is at night, particularly the after part. In some instances the evacuations will be few and scant; in others profuse and numerous. I have known patients to have six in as many hours from midnight till morning, while during the remainder of the day they would be free from any annoyance of this kind. In cases of this sort, where they are accompanied with copious night sweats, the disease generally runs a very short course, and we may most always prognosticate a speedy and fatal termination of the case. Very few constitutions can very long withstand such extensive drains upon the vital fluids, for they both are effete in their character, and are the expressive signs of the extensive blood DYSCRASIA.

PART SECOND.

The diagnosis of diarrhœa is sometimes attended with some difficulty. I have the record of three cases, which occurred in my practice, wherein I gave a favorable prognosis, regarding them as simple diarrhœa from

muco-enteritis, which afterwards turned out to be phthisis. And I have known other practitioners to make the same mistake. A brief description of one of my cases will serve for all:

May 14, 1849. Called this day to see Miss E., aged twenty-two. Has been annoyed with diarrhœa for four weeks; pulse 90; respiration 18; tongue furred; mouth very dry; complains of thirst; some fever in the after part of the day, but no sweating at night; appetite very poor, and digestion badly performed; food passing through the alimentary canal almost unchanged; bowels tender to the touch; the discharges from the bowels very abundant, thin, and watery, attended with some pain; urine very scanty and high colored; catamenia regular but scanty; skin very sallow; countenance dejected; mind gloomy and hopeless; no cough or expectoration; no dyspnœa or pain in the chest. Has emaciated somewhat, and complains of great weakness on attempting to exercise. So far as I could learn there was no hereditary predisposition in her family to phthisis, her health had always been good up till this attack.

Her case was set down as one of muco-enteritis, and a favorable prognosis was given. A large blister was applied to the abdomen, and one of the following pills were ordered every six hours:

R Mass. pill. hyd. gr. x.
Pulv. opii. " xii.
Pulv. ipecac. " xv.
Gum camphor, " xx.

M.

Divide in pil. No. 20.

This treatment was continued for six days with some marks of improvement. The tongue commenced to clean, the skin became more moist, the discharges more natural and not so frequent, and the expression of the countenance more natural and cheerful. As the bowels still remained tender to the touch the blister was reapplied, and the pills were ordered to be given every eight hours. Her diet was to be strictly confined to boiled rice, animal jelly, and gum water.

On the first of June she was much better every way; depleting measures were discontinued, and a mild tonic course pursued. For three weeks she appeared to be slowly mending, after which she gradually became much worse. The diarrhœa was quite troublesome, although her tongue was now very clean and her appetite good, and the food much better digested. Various remedies were now used, but with very little advantage. Dr. F. was called in consultation, and agreed with me as to the nature of the malady, and recommended the use of nitrate of silver and morphia, half a grain of the former, and the eighth of a grain of the latter three times a day.

From this time until the first of August she was more comfortable, but on that day, just after breakfast, she had an attack of hæmoptysis. This was the first symptom of pulmonary trouble that appeared, the hæmorrhage was quite free, but did not prostrate her but very little. On a careful examination of the chest the following signs were elicited:

The expansion movements of the two sides were nearly equal. On percussion there was dullness on the right side, accompanied with prolonged expiratory murmur, with humid crepitation. On the left side the inspiratory murmur was harsh, the expiratory murmur prolonged, and no marked dullness on percussion. These signs indicated a considerable amount of tubercular exudation in the right lung, which was softening, and a much smaller amount in the left lung which was crude.

Her decline was now very rapid; cavities soon formed in both lungs, and she fell a victim to the disease on the 17th of October. The most pressing and annoying symptom throughout the whole course of the disorder was diarrhœa, and so effectually were the disorganizations in the pulmonary organs masked by it, that if it had not been for the hæmoptysis the true nature of her malady would have not been known, perhaps, until the very last. The physical signs were probably as marked the first day we saw her, as they were at the time we examined the chest, and it was a want of attention on our part that led us to make such an erroneous and unguarded diagnosis.

Medical science is not destitute of the means of detecting disease. And when mistakes are made in diagnosis, they must not be charged to the science. Nature has placed within our reach ample means of becoming acquainted with her laws, both in health and disease, and she will not reveal them to us by a miracle. If we become acquainted with them, we shall have to study them profoundly; not superficially or indifferently, but accurately, earnestly and enthusiastically. We need more diligence, earnestness and enthusiasm, to be infused among the members of our profession. Dullness and stupidity, with some intelligence, may plod along, make money, and enjoy the ignoble fruits of mediocrity.

But to rise above a mere machine, to gather massive learning and ability, capable of acting on the character of the profession, is no more to be expected without an ardent, living enthusiasm, than is the growth of a vigorous body, without the circulation of a pure current of vital fluid through all its parts. There must be in every man in order to his expansion into an energetic, accomplishing agent, an ever-stirring tide of life. The earnest man, as a self-moving machine, not waiting for external fires and winds to propel him, becomes a special impressive agency. The warm, right onward men, have a life, breath, light, movement, strength, sincerity, and aggressiveness, with them the grand remodelers of their age. They raise the standard! They pioneer advancement. They are at the head of every great and noble cause which has for its object the physical, intellectual, and moral advancement of the race. God grant that we may have more of them in the ranks of our profession. Then instead of having a few scattered stars in the medical heavens there will be thousands, all radiant with lustre, which shall at once constitute the glory of the profession and the land.

GENERAL REMARKS.

The case just described occurred before we had any knowledge of Dr. T. Thomson's gingival margin. Since we have become acquainted with this we have no difficulty in distinguishing between phthisical and other kinds of diarrhœa. This streak upon the gums is never found upon the gums in ordinary diarrhœa. Although it is not always present in phthisis, yet in all those cases of this disorder, where the intestinal mucous membrane is very much affected, and diarrhœa constitutes the principle feature of the disease, it is seldom found wanting. And where it is clearly defined I never hesitate a moment to pronounce the case tubercular. The margin will always be found the broadest and deepest in tint, and most extended as respects the number of teeth encircled, in all those cases where stomach and bowels have borne the *principal shock* of the disease.

And I am happy to say, that since the publication of my remarks in the Reporter for August 4th, 1860, on Thompson's Gingival Margin a Sign of Pulmonary Tuberculosis, I have received several letters from distinguished members of the profession, confirming the opinions advanced in that article.

Dr. Telephe P. Desmartis, of Bordeaux, France, writes to me under the date of November 13th, 1860, informing me that the article just alluded to, had been translated and published in several French journals, and that he considered the gingival margin an infallible sign of phthisis. He also says: "That he has found it very useful in detecting the disease even in the pre-tubercular state, and has thus been enabled to employ prophylactic treatment with the greatest advantage, and that its merit is universally admitted."

I wish I could say as much for my own country. But I am satisfied that its importance is not appreciated here as elsewhere; and I have come to this conclusion for several reasons, 1st, I seldom if ever hear it mentioned in my conversations with members of the profession; 2d, it is never mentioned in the description of the symptoms of cases of phthisis reported in our medical journals; and 3d, it is never once named by our systematic writers on phthisis of recent date.

In that massive work of Dr. Lawson's, "Phthisis Pulmonalis," just published, there is not a syllable on this subject. It has been passed by in silent contempt. And this must have been intentional, for Dr. Lawson frequently quotes from Dr. Thompson's Lectures on Consumption, and it cannot be that he is uninformed on this subject. We can hardly overlook this omission, for we regard a knowledge of the Margin a matter of the greatest moment to those engaged in the general practice of medicine. It is, in our opinion, the most reliable sign we have of the tubercular diathesis, and as Dr. L. professes to give a full digest of all the principle topics connected with the history and treatment of phthisis, he should at least have given us one section on this important subject.—*Med. and Sur. Rep.*

Calcareous Degeneration of the Lens Following Injury.—Removal After Seventeen Years.

BY ALEX. GARDNER, M. D.

On the 25th of February, 1860, I was asked to send some lotion for an inflamed eye, by the subject of the subjoined case, the Rev.—, and so unimportant did he consider it, that I did not see him to examine the organ till the 27th, when I found the right eye in the following condition:—Close behind the cornea, at the lower part of the anterior chamber, and lying obliquely, with its posterior border resting on the iris, was a white, hard-looking body,—evidently the lens,—opaque, and dislocated. By holding his head backwards, and shaking it slightly, the lens could be made to fall back into the posterior chamber, its usual position according to the history given by the patient. As an organ of vision, the eye was perfectly useless, the sight having been destroyed seventeen years before, the eye also having become somewhat shrunk and flattened. There was a considerable amount of ocular conjunctivitis, and the sclerotic was affected at the lower part, nearest where the lens, now a foreign body, rested, as shown by the pink color of that

membrane. There was severe pain, and a constant aching, increased, through sympathy, when any attempt was made to use the left eye. Leeches, applied by the patient himself had failed to give the relief they had done on former occasions. The patient was sound in health, thirty-two years of age, and four years resident in India. He gave the following history:—

Seventeen or eighteen years ago he received a blow on the eye from a stone, whereby dislocation of the organ was produced, and with it loss of vision, a slight perception of light alone remaining. The eye subsequently became flattened, and ultimately the lens became opaque. Some years ago he consulted the late Mr. Guthrie, with a view to having the lens extracted; but that eminent surgeon did not deem the operation advisable, as no good could come to the injured eye, and nothing had happened for years to cause fear of any untoward event, whilst the operation might weaken the sound eye. In 1856 he first noticed the white body in front of the eye, which could be moved to the front of, or behind, the iris at will, by simply moving his head backwards or forwards. Since that period he has several times suffered from conjunctivitis; but on all occasions it yielded to the application of leeches, and the use of lotions.

On Feb. 29th, 1860, in consultation with my friend, Mr. Palmer, the conclusion was come to, that the sooner the lens—the *fons et erigo mali*—was removed the better. It was seen still lying in the anterior chamber, resting on the lower part of the cornea. The sclerotic inflammation was much increased, and, in addition, four or five large vessels were seen coursing upwards to the margin of the cornea where the lens rested, similar to those seen in *ulcus corneæ*, but more diffused; and no doubt ulceration would have been Nature's method for getting rid of the foreign body, the lens. The patient's sufferings were much increased, and he was totally incapacitated for work of any kind.

At half-past seven A. M., on March 1st, aided most kindly by Mr. Palmer, I proceeded to perform the usual operation for extraction, by section of the upper half of the cornea. I may here remark, that the necessity for immediate operation was clearly shown by the great increase of the inflammation since the previous evening, chemosis on the inner side having commenced. The section of the cornea was performed readily and satisfactorily, but, owing to the patient's extreme nervousness, it was long before the lens was extracted, and then only by the administration of chloroform. The lens was then found lying in the posterior chamber, at the lower part, but it at once slipped through the section by the aid of a gentle lift with the curette. Having satisfied myself that all the parts were in their proper places, the eyelids were closed and fastened by strips of plaster, and a light bandage placed over the eyes. On examination, the lens was found opaque, white, and very hard, like a piece of marble or Parian ware; in fact, in a state of calcareous degeneration. The good resulting from the operation was most marked, for the severe pain and aching stopped almost at once, and beyond slight uneasiness in the morning, the patient never complained of anything. The progress towards recovery was so rapid and satisfactory that a detailed daily report would be useless.

For the first three days he was kept entirely in the dark, his diet being mild and unstimulating. On March 5th, I found the corneal wound closed, the aqueous humor reproduced, and the eye looking fuller

and more prominent than before the operation. There was still a great amount of conjunctivitis, but no pain. From this time light was admitted by degrees, and he returned to his ordinary diet.

A fortnight afterwards the state of the eye was as follows:—Pupil clear and distinct, slightly tremulous; eye fuller than before the operation; a little conjunctivitis still remains; he can use the sound eye without inconvenience. When he left the station on May 1st, his eye was in the same condition.

The remarks I have to offer on the foregoing case need be but few. It is not as a case of calcareous degeneration of the lens, following injury to the eye, that I desire to record it, for such cases are by no means rare; but it is to draw attention to the length of years during which the lens—degenerated in structure consequently on a severe injury to the eye, whereby its connexions were disturbed—remained in its proper place, apparently harmless, causing no mischief either in the injured eye directly, or the sound eye by sympathy, and then finally escaped from its capsule; and even then, when pre-eminently a foreign body, capable of giving rise to the most serious consequences, remained almost innocuous for a period of four years, producing no symptoms of import. It would be interesting to determine how, after resting for so many years in its proper locality, it at last burst bounds. Probably the capsule suffered by the first injury, but not sufficiently to allow of the escape of the lens, and thus weakened in its structure, required but some great disturbing cause, such as the violent retching during sea-sickness, for it to give way, and set free the lens; for my patient first noticed the lens in its abnormal position very shortly after landing in India from England. Or could the hard and heavy lens have had power sufficient to cause absorption of the capsule by pressure?

Regarding the treatment—the necessity for operation—nothing need be said. The rapid increase of the inflammation and of the patient's sufferings rendered it imperative. A few words with respect to the administration of chloroform. Inadmissible as it may be generally in cases of section of the cornea, there were two circumstances that led me to employ it without fear in this case: 1st, that it was impossible to leave the eye with safety as it was, and, at the same time, the patient's nervous terrors would not allow us to even touch the eye; 2nd, the eye being already useless, there was no dread of destroying the sight to deter me. As it was, the dreaded vomiting did occur; but fortunately with no worse result than emptying the patient's stomach. If the case had been left to itself, ulceration of the cornea at the lower part would have occurred; for Nature was already bracing herself up for the task—a slow and clumsy process after all, and one during which the other eye must inevitably have suffered through sympathy. The only other point is, whether it would not have been better to have removed the lens years ago. As matters turn out in this case, it was, perhaps, as well not to interfere whilst the lens was in its place, for any risk to an organ so all-important to a clergyman was to be avoided; but when, four years ago, it first escaped from the capsule, removal would have obviated the attacks of inflammation in the unsound eye to which the patient had been so liable.—*London Lancet.*

Analysis of Fifty-two Cases of Epilepsy.

Dr. Edward H. Sieveking presented to the Royal Medical and Chirurgical Society (February 12, 1861) a very interesting analysis of fifty-two cases of genuine epilepsy observed by himself. This was the second contribution of the same character as the one admitted into the *Transactions* of the Society for 1857, and the author has limited the analysis to the same number of cases, taken in the order of observation, as has been subjected to an analysis on the former occasion. Only those points are brought forward on which satisfactory evidence could be obtained.

Sex.—Twenty-three were females, or 44.2 per cent. Twenty-nine were males, or 55.8 per cent. Taking the two series together, the ratio of females to males was as 45.2 to 54.8.

Age.—The following was the distribution throughout the different periods of life: under 10 years, twelve cases; from 11 to 20, twenty-five cases; from 21 to 30, seven cases; from 31 to 40, three cases; from 41 to 50, two cases; above 51, three cases. The basis of this calculation is the time at which the epilepsy first showed itself. Arranged according to sex, we find during the first decennium eight males and four females; during the second, eleven males and fourteen females; during the third, five males and two females; during the fourth, three males; during the fifth, one male and one female, during the sixth, one male and two females.

Causes.—An hereditary taint was traceable in fourteen cases, but in only eight of these was there evidence of epilepsy having occurred in a near relative of the patient. The exciting causes were traced in thirty-seven cases, as follows: uterine derangement, nine cases; venereal excesses, including masturbation, six cases; fright, four cases; overwork, four cases; anxiety, three cases; dyspepsia, three cases; dentition, two cases; scarlet-fever poison, two cases (doubtful;) meningitis, anæmia, blood-poison, and the development of puberty, each one case.

Premontory Symptoms.—Comprising under the term "*aura*" all symptoms indicative of a near approach of a paroxysm, the author found it in twenty-one cases, or 40 per cent., or less frequently than it was met with in the first series, where 52 per cent. of the case exhibited premontory signs.

Headache.—Headache is very commonly associated with epilepsy, but its significance varies much, according to its period of occurrence; it may be habitual, or it may be connected with the attacks only as a precursor of a sequela. It was constant or frequent in nine cases, or 17.3 per cent.; it occurred after the seizures only in twelve cases, or 23.0 per cent.; it occurred only immediately before or after the fits in three cases, or 6.7 per cent.

Biting the Tongue.—Although a large number of genuine cases of epilepsy occur, in which this symptom is never met with, it is important as a corroborative symptom. In the first series it was met with only in 32.7 per cent.; in the present, twenty-eight patients, or 53.8 per cent., exhibited this feature. It did not appear that the female sex, as might have been anticipated, were less prone to inflicting this injury upon themselves than the males; because of the twenty-four cases in which the tongue had not been bitten, sixteen were males, and eight females.

Urine.—The author has found no constant derangement in the urine associated with epilepsy. He has always failed to discover any sugar,

nor has he met with a constant or even frequent excess of phosphates, or a diminution of urea. In several cases he found the urine presenting a specific gravity ranging about 1030, and containing a large excess of urea. There was in the present series no case of albuminuria, except, perhaps, in one instance, in which a small quantity of albumen appeared to be present for a short period. An excess of phosphates was observed twice, oxalates in one or two cases, and an excessive deposit of lithates in a small number of cases.

Treatment.—The author, while urging the value of treatment in alleviating the disease and indefinitely postponing the seizures in a large number of cases, admitted the doubt which always attached to any absolute cure of epilepsy. He advocated no specific, but the employment of all rational means indicated by the constitution and peculiar symptoms of each individual case. Above all, he considered perseverance in a combination of moral, regiminal, and medical treatment essential. As many of the cases analyzed had not been under the author's care permanently, he did not regard the result as to treatment indicative of what might have been effected in the whole series. He considers that he could lay claim to eight cures, that fifteen were decidedly benefitted, while the remainder were either uninfluenced by treatment, or did not continue under observation for a sufficient period to justify any positive statement as to the result.—*Med. Times and Gaz.*

EDITORIAL DEPARTMENT.

Take Notice.

We have determined that *cash only* will induce us to send the *News* to any address. With the May number we cut off all who had not paid for 1860. Our terms are *cash in advance*, and the low price of the *News* makes it necessary that we should get it; our readers may think *one dollar* is a very small sum to make a fuss about, so it is; but if each physician who received the *News* last January had sent us one dollar on receipt, it would make the snug little sum of *twenty-three hundred dollars*. This would have made us feel rich, and would not have impoverished him.

Thanks to those gentlemen who have promptly responded to our call, thus enabling us to "*pay the printer.*"

CINCINNATI COLLEGE OF MEDICINE AND SURGERY.—We are gratified to be able to state that at no time since the organization of this institution, was its prospects for a large class better than at present, notwithstanding the troubled condition of our country.

By the prompt action of the students of this school the first decisive blow was given that resulted in the downfall of the monopoly that had so long ruled the destinies of the Commercial Hospital. They will, hereafter, enjoy equal privileges with those of the Medical College of Ohio on the same terms. See announcement.

JUNE and JULY numbers of the *News* are bound together; we are in favor of *union*, and would like *peace* and *harmony* to prevail.

READ CAREFULLY the Announcement of the *Cincinnati College of Medicine and Surgery* that accompanies this number of the *News*. No student is allowed to matriculate who does not comply with the requirements.

Commercial Hospital.

This institution, now open to all students of medicine, is under the control of a competent Board of Directors, and will be provided with a "medical staff" of sixteen physicians and surgeons. Special legislation brought about this important change, and freed this public charity from an incubus that rode upon it night and day, until its haggard looks, fretful and partial disposition had made it an "ugly old thing" only fit to be courted by a rickety monopoly. The new board have gone to work with a full determination to make the hospital an institution of attraction, and utility, and an honor to our city, in which, hereafter, no medical clique or political faction will be allowed to rule. It is our intention to keep an eye on it, and when the tongue becomes foul, the pulse excited, and there is danger of inflammation, we shall administer a *bolus* that will correct the secretions and remove *morbid tendencies*.

Changes.

It will be remembered that during the last two winters, the health of PROF. SPENCER was so much impaired as to threaten him with serious consequences; this added to the necessary separation from his family, and neglect of an extensive practice, induced him to resign the chair of anatomy, which he had so ably filled for four years in the *Cincinnati College of Medicine and Surgery*. Prof. S. was most ardently devoted to the school and his department, and, notwithstanding the constant solicitations of his colleagues, who urged him to the contrary, he spent his entire time in the investigation and practical demonstration of the subjects entrusted to his care. His loss as a teacher is regretted by all who knew him; his colleagues part from him with feelings not easily expressed and wish him a long and prosperous life in his pleasant country home.

WM. P. THORNTON, M. D., the successor of Dr. S. is a citizen of *Cincinnati*, and has been for thirteen years actively engaged in the practice and study of his profession; two years of which time he spent in *Vienna* and *Paris*, where he devoted all his time to the study of his

favorite department and its collaterals. We have no hesitation in saying, that the friends of the College have great reason to rejoice that the chair of anatomy and physiology was so promptly filled, by the election of one so thoroughly qualified; and who, we have no doubt, from our knowledge of the Doctor's deportment, will soon be a favorite with the students, and all associated with him.

Another *change* has been made; this, however, does not bring a *new* man into the Faculty; but changes the previous arrangement of the chairs somewhat. This change was brought about by the resignation of PROF. T. A. REAMY. Is it not passing strange, that *two* resignations should take place in the same school, at the same time, and *all* parties regret it, and no quarrell to cause it? Even so, consequently, we record the facts that have led to this change. Prof. R. occupied the chair of materia medica and therapeutics for two years with the most decided approbation of all connected with the school. A fine speaker, possessing the most thorough knowledge of his subject, affable and communicative, he had won the esteem and well merited approbation of his colleagues and the students, and we know he parts from them with the deepest regret, as they do from him. But necessity knows no law; and as Prof. R. resides some ninety miles from this city it became necessary, as in the case of Prof. S., for him to spend his winters from home or remove to the city; to the latter his friends would not consent, and to the former his family and friends both objected. A short time before the close of the last session his little daughter, an only child, had an attack of scarlatina, and for days her life was dispaired of. During this severe affliction the Doctor determined, could he but save the life of one so dear, he would not again separate from his little family; and the positive objections before stated, made it necessary for him to resign his chair.

PROF. G. R. CHITWOOD has consented to the change made, by which he is placed, permanently, in the chair vacated by the resignation of Prof. R. This member of the Faculty has been long and favorably known, and has been connected with the school the last three years. By these changes, an important desideratum has been attained, one that makes the Faculty permanent; it is that of having its members to reside in the city, so that each chair will receive its full amount of attention.

Army Appointments.

The following gentlemen have been appointed Surgeons to the Ohio Volunteer Forces; Jos. T. Webb, M. D., of Cincinnati; David Welch, M. D.; L. G. Meyer, M. D.; M. M. Stimmel, M. D.; Julius Schenck, M. D., of Cleveland.

The following gentlemen have received commissions as Assistant Surgeons; Enoch Pearce, M. D.; G. R. Weeks, M. D.; A. Sabine, M. D.; T. J. Neal, M. D., of Cincinnati.

John F. White, M. D., of Cincinnati, and S. P. Bonner, M. D., of the same place have been appointed Surgeon, and Surgeon's Mate respectively to the Second Kentucky Regiment of Volunteers. *

ANTICIPATED RISE IN THE PRICE OF SOME OF THE NARCOTIC EXTRACTS AND OTHER MEDICINES.—Dr. C. G. Comegys, of this city, formerly Professor of the Institutes of Medicine in the Medical College of Ohio, having been appointed a Trustee to the Longview Lunatic Asylum of this county by the county commissioners, a rise is expected to take place in the price of *ext. conium* and some of the other narcotic extracts, together with, probably, an increase in the price of *carbonate of iron*. Such an occurrence at this time is somewhat to be regretted, as, on account of the hard times, physicians and druggists have much difficulty in keeping up their stock of drugs. It is to be hoped that the *conservativeness* of Dr. Langdon will tend to diminish somewhat the otherwise large consumption of some of the articles of medicine alluded to. It would be well enough, however, if dealers would, in anticipation of what we predict, lay in a stock of some of them while they can be had at usual rates. *

A Visit to the Country.

A short time ago, we had the great pleasure of making a little trip into the country, and Oh, how we enjoyed it. The bright green foliage of the trees on every side, the beautiful grass-covered fields, and the sweet fragrant flowers, produced in us a truly exquisite feeling of delight—they awakened in us reminiscences of days gone by, boyhood's days, when buoyant with the hopes that the withering hand of disappointment had never touched, and free from every care of life, we used to roam woods and fields, or, with merry laugh and shout, skip along some murmuring brook, or, reclining in some deep shade, listen to the chirping birds and breathe deep of the fragrant air. Oh, the contrast between this rural felicity and that enjoyed by a life in a great city where our habitation now is cast—no fragrant flowers here to be inhaled, no green carpeted fields here to delight the eye, no birds here to pour their melodies upon the ear and give us a foretaste of the songs of the *better land*. But instead, noise and din, and seeming confusion reign supreme; the heated air comes loaded to us with dust and reeking with *foul odors of thousands of filthy gutters*; the view hemmed in by tower-

ing walls of brick and stone, having no outlet except from above—art, and not nature, alone is to be seen.

But we are indulging too freely in reflections upon nature and art, and must return to the subject of our remarks. Our visit then, let us state, was a most pleasant one; kind friends received us most cordially and entertained us most hospitably; the gorgeous scenery, and glorious prospects, filled us with delight and admiration, and we returned to our home invigorated in body and mind, and were enabled to enter upon the daily routine of business with renewed energies. Indeed our little trip had the happy effect of *making us feel better towards ourself and every body else.*

When again good fortune permits us to lay aside our business and seek relaxation, how quickly we will leave the busy hum and crowded streets of the city, and seek the charming spots the country affords. When such an opportunity occurs, *Mt. Sterling* will not be long without our presence; for we know that the *beauties* to be enjoyed upon its heights are all the heart could wish. *

A Treatise on the Practice of Medicine. By Edwin R. Maxon M. D., formerly Lecturer on the Institutes and Practice of Medicine in the Geneva Medical College. Philadelphia; Lindsay and Blackiston, 1861. 705 pages, price \$4.—For sale by Robert Clark and Co. No. 55 West Fourth Street, Cincinnati.

This is a new work, emanating from comparatively a *new* source; but should meet with no less favor on that account. The *name* has often too much influence upon the professional man when selecting his library, and, no doubt, causes the rejection of many valuable productions. We are decidedly in favor of that author who thinks and acts for himself; provided, always, his thoughts and acts are *orthodox*, and his views based upon scientific research and practical experience. The author of this work has been engaged in teaching, has practical experience, and a sound judgment, which must give him a prominent position among his competitors for fame.

At first glance we were not favorably impressed with the introduction of Anatomy and Physiology in a work on the Practice of Medicine, but upon a more careful investigation this feature assumes importance, and our objections vanish. We give, in the authors own words, his reasons for this course:

"It will be seen that I have glanced at the anatomy and physiology as I have taken up the diseases peculiar to each part of the human system. This I have done in part to make the work more valuable to those practitioners of medicine who have not time to review anatomy and physiology; but more especially to keep the mind of the reader fixed on the diseased part, and its conditions, thus redering the work not only more valuable, but, I trust, more interesting."

This is an age of book making, and every new claimant for our favor must be held in agonizing suspense for the fate of his offspring until it

has passed the critical period of dentition, and has gained a position among its associates, or has fallen a victim to the bite of the officious critic, or the poisonous influence of total neglect. The work before us will bear the "*fang*" and will get it; but must survive the attack and come up with renewed vigor, for the more you associate with it the better you will like it. Let us advise the practitioner and student to add this volume to their collection, as we think it will be read with increasing interest and undoubted advantage.

Obituary.

Died, in Cincinnati, June 22nd, William Judkins, M. D., in the 73rd year of his age. Dr. Judkins was born in Guilford Co., North Carolina, but removed to this State in 1806, where he commenced the practice of medicine in 1811. Since 1832, he has resided in this city, where he has been in the active practice of his profession up until the time of his last illness. Both as a physician and man, he was held in high esteem by all who knew him. He was by birth a member of the Society of Friends, and conformed to their rules in all respects.

At a meeting of the Medical Profession held Monday evening, June 24th, to take action in regard to his death, S. O. Almy, M. D., was called to the chair, and Wm. H. Taylor, M. D., was appointed secretary. Remarks expressive of the high esteem in which deceased was held, were made by Drs. Woodward, L. M. Lawson, Carroll, Murphy, Almy, and Comegys. A committee consisting of Drs. Woodward, Carroll, B. S. Lawson, Gans, and Fore, appointed to report resolutions, presented the following which were unanimously adopted.

As an old and much respected friend and professional associate, Dr. Wm. Judkins, has in the providence of God been called away from us by death, it is with a chastened sadness, not unmixed with pleasing recollections of his many virtues, that we assemble to pay our last tribute to the memory of the deceased.

Resolved, That during many years of intimate association, we have ever found the social and professional relations of our friend to be agreeable and happy, never hearing from him censorious or envious expressions, either against the failings or successes of his competitors for professional advancement.

Resolved, That in reviewing the life or character of the deceased, we find in his constant devotion to his profession, in his high toned morality and his unpretending Christian simplicity, a bright example for the imitation of those who survive him.

Resolved, That we sincerely tender to the family of the deceased our warmest sympathy and condolence in their great and irreparable loss.

Resolved, That we will attend the funeral to-morrow at 9 o'clock A. M.

Resolved, That a copy of the proceedings of this meeting be furnished the family of the deceased, and the press of the city for publication.

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MISCELLANEOUS CONTRIBUTIONS AND SELECTIONS.

For the Medical and Surgical News.

Spermatorrhœa Successfully Treated by Aconite.

BY J. J. KIMBERLIN, M. D. MEDORA, IND.

12th of last March, I was consulted by a young man, aged 23 years, in regard to the curability of that dire calamity, involuntary emissions. He stated his case as desperate, of fourteen months duration, and the more deplorable by being brought on by masturbation.

The history of the case proved it to be one of extreme obstinacy—the general routine treatment given in such cases, having been repeatedly exhausted without any permanent relief.

In such an extremity of course it would be folly to follow in the old beaten track, by repeating the same general prescriptions that had most signally failed, and therefore I instituted the following:

Two parts of the solid extract of aconite, and one of hemlock, were broken down with water to the consistency of cream. Of this an unguent was formed by adding lard in sufficient quantity, with which the perineum was well anointed, three times per day for over a week, in conjunction with a regular course of salines to keep the bowels soluble. At the expiration of the time mentioned, my patient returned much elated with the success of the course of treatment.

A new supply of the unguent was prepared with orders to rest a few days from its use, to try the permanency of the relief already obtained. A few days, however, bringing on a renewal of the symptoms which continued uninterruptedly, the treatment was resumed for thirty days, during which time my patient had but two emissions, which he said did not hurt him like they had done. He now seemed like another person altogether; his countenance had lost its haggard look; he conversed merrily; looked joyous and happy, and repeatedly remarked "*that's the treatment.*"

He was supplied with the medicine for a month longer, which brought the time to about the 1st of June. Having since then passed through all the hot weather of summer, up to the present time, without any morbid derangement of the sexual organs than men are often subject to, and those organs not considered in a morbid condition, he now considers himself well. And here let me state that during the whole course of treatment, he worked steadily at the hardest of manual labor. I do not only have his word for my statement, but I see him every day myself.

Now whatever may be the pathological changes in a well marked case of spermatorrhœa, we are satisfied that the following condition, at least, does exist to a partial extent, and, in general, it must be the main feature of the case, and upon it I founded my treatment in this instance, *viz*: whether involuntary emissions be caused by masturbation, venereal excesses, irritable rectum, or prostatic disease, etc, there ever remains so long as the disease continues, a secondary or an immediate exciting cause, which is an excessive sensibility of all the urino-seminal vessels, especially of the prostatic urethra, *i. e.* when the disease has been once established by any cause whatever, the condition of the organs involved in the same, that condition being one of extreme sensibility. Now when it is known that these mucus surfaces are highly sensitive, in even a healthy state, it is not hard to account for their morbid action when they become the seat of an irritation bordering on inflammation. The plexuses forming the ultimate nerve-loops are so abundant in the prostatic urethra and seminal vessels, that when irritated the reflex system of nerves are called in action, and result in the contraction of the costrictors and emissions take place. The indications therefore in these cases, are to overcome the sensibility.

Aconite and hemlock I consider the most powerful local sedatives, and I have had my expectations verified by their use.

For the Medical and Surgical News.

A Case of Puerperal Mania.

BY JOSHUA CHITWOOD, M. D., CONNERSVILLE, IND.

About the 25th of July, of the present year, I was requested to visit a patient laboring under insanity following childbirth. Mrs. —, aged 23; her first child. Different kinds of mania hereditary in her family on the maternal side. Nothing remarkable had taken place during her labor. Six days after her confinement, however, she imagined (and this was the first symptom of her disease) that her friends were engaged in a plot to poison her. She would sometimes sit perfectly quiet for several hours, and then at other times it required considerable exertion by, at least, two nurses to govern the paroxysms of raving mania. Bowels costive, pulse 120 per minute, but not inflamed.

matory—rather soft and small; tongue, covered with a thick brown coat. When I first approached her she clasped my hand as if meeting an old acquaintance, though I had never seen her before, and I had to use considerable force to release my hand. Face pallid.

Treatment.—I removed the hair from her head. Blistered the forehead and nape of neck, with orders to constantly apply a thick towel wet in cold water to her head. Gave

R Sub. Mur. Hyd. grs. xl,
Jal. Pul. grs. xx.

to be followed in eight hours with oleum ricini, and left her till the next day.

July 26.—Patient slept some last night; the bowels moved; the blisters filled very nicely and were dressed with poultices. But the insanity about the same. Pulse not quite so frequent. Gave

R Hyocyami Ex. grs. xx,
Camphora Pul. grs. lxxx,
Aq. Pur. ℥i. M.

℥i to be taken three hours apart and oftener if a quiet effect be not produced. Ordered her bowels to be kept open with mag. sul.

July 27.—Patient no better; slept some last night. Gave her to-day grain doses of sul. morphia with an effect opposite to what I wished; it made her perfectly frantic. I gave to-day

R Potassi Bromidum ℥ij.
Aq. Cinnam. f℥ij. M.

℥i q. t. s. To be taken as directed by of Dr. Darrach four times a day on an empty stomach an hour before meals and at bed time.

July 31.—The treatment has been continued since I last saw the patient. She was sitting up rocking her child, which she called for about forty-eight hours after taking the bromide, and showed unmistakable signs of maternal affection; and although she conversed seemingly rationally, yet she had a trace of that suspicious look so common in all stages of puerperal mania. Ordered the treatment continued with out-door exercise daily.

Aug. 10.—I saw the patient to-day; her intellect has, I think, quite recovered all its former vigor. The bromide was discontinued for one day (fifth day of the present month) with alarming symptoms of the return of the mania.

At some other time, I may say something in regard to the pathology of this disease.

On the Cerebellum as the Centre of Co-ordination of the Voluntary Movements.

BY JNO. C. DALTON, JR., M. D.

Dr. Dalton has observed, that in a few cases where in birds he had destroyed a large part of the cerebellum, the bird recovered and re-

acquired the power of co-ordinating its muscular acts. He thus describes an experiment and its results. In the month of January, 1859, I removed from a young but well grown male pigeon, while under the influence of ether, the upper and middle portions of the cerebellum, constituting about two-thirds of its entire mass. Immediately afterward the pigeon showed all the usual effects of the operation, to a very marked degree. He was incapable of walking, of flying, and even of standing still, but struggled and sprawled about, exactly as other pigeons had done when subjected to a similar mutilation. This pigeon, contrary to my expectations, survived, and, in the course of a few days, it was evident that it was recovering the control of its limbs. Its recovery continued to go on at the same time with the general re-establishment of the animal's health; and at the end of five or six days it was again very nearly capable of executing all its natural motions. Its appetite was also restored, and it ate and drank freely as before the operation. The pigeon lived sixteen days, and at the end of that time, when it was killed intentionally by decapitation, there was no apparent reason why it should not have survived indefinitely, since its health, to all appearance, was thoroughly re-established. Its appetite and digestion were good. Its voice was natural in force and tone, and its power of muscular co-ordination was so nearly perfect that its deficiency, if any existed, was practically inappreciable. The only peculiarity remaining was a moderate general debility, not noticeable, except when the animal made some unusual exertion. Thus, when he flew off a high perch unto the floor, he found some difficulty in alighting, and generally tumbled forward on his face as he struck the ground, but he always recovered himself immediately and resumed a natural position.

On examination, after death, the wound in the integuments, skull, and membranes, was found to be in rapid process of healing. There was no reproduction of any part of the cerebellum.

Dr. Dalton relates several additional instances analogous to that above recorded, but in which less of the cerebellum was lost. Dr. Dalton thinks that these experiments militate against the views of Flourens, which attribute to the cerebellum the co-ordinating power as regards voluntary muscular movement.—*Am. Jour. Med. Sci.*

Convergent Strabismus, accompanied with True Fibrous Degeneration of the Subconjunctival Fascia and other Tissues—Almost complete Blindness of one Eye—Operation—Cure.

BY E. S. COOPER, A. M., M. D.

Soon after the introduction of operations for the cure of Strabismus to the notice of the medical profession, all classes of practitioners began its trial with various degrees of success, as also with varying degrees of disgrace, to the operation as well as to the profession itself. Many serious occurrences resulted, such as the loss of the eye, the protrusion of the ball to so great an extent as to make a most hideous deformity, besides the numerous cases attended with less untoward results, such as a change from convergence to the more awkward condition of divergence, a slight degree of unnatural prominence of the eye-ball, destroying thereby the contour of the eyes, and, lastly, the operations resulting in no change whatever in the position of the eye. Of these classes, it

was found, by statistics of results at the end of five years from the introduction of the operation into general favor, that nearly all the cases operated upon were included, so that, when success was spoken of, and by it meant an entire removal of the deformity with perfect symmetry in the contour of both eyes, few if any cases could be found. Hence the operation fell rapidly into disrepute, and has never since regained what it lost in the estimation of the profession.

Some of the objects which induced the writing of this paper were, to point out the causes of this, and the means, as far as my humble abilities allow, by which the confidence of the profession may be restored.

I am convinced, by experience and reflection, that no method heretofore generally adopted by the profession is calculated to secure the best or even moderately good results in all cases. Nothing can be more irrational than the method of dividing the tissues to a certain and the same extent in all cases, let them differ as they may. Thus, while some surgeons depend upon dividing the internal rectus muscle to restore the position of the eye in all cases of convergent strabismus, others take up a fold of the different tissues of a certain size, with the rat-toothed forceps, and divide them, without reference to the peculiarities of the case, while others, again, divide the tissues, until the patient can no longer turn the eye inwards, and they make this condition a *sine qua non* in operations upon all patients. Neither of these plans affords any prospect of perfect relief to the deformity, except in the most favorable cases, while the two latter are always liable to be attended with those unfavorable results mentioned, and which have frequently occurred in the hands of the most skilful surgeons of the present century.

There is one fact to which I would especially direct the attention of operators in these cases, but which, in a practical point of view, has been overlooked, and that is this: the position of the eye, in many instances, continues changing, after an operation has been performed, for months, and sometimes years, and it is in consequence of this that I have adopted a process of treatment different from that pursued by others.

If, after an operation, the position of the eye is liable to be constantly changing for months or even years, who can tell to what extent it is necessary to divide the contracted tissues at the time of operating? No one. Then, with the results before us of divergence, great prominence, producing hideous deformity and even destruction of the eyeball, are we not forcibly admonished to abandon the bold, and, I may say, reckless methods of operating just mentioned?

In view of what has been said, it must be plain, that, in dividing the tissues until the eye can no longer be turned inwards, in cases of convergent strabismus, it involves the risk of producing changes, in time, of a most unfavorable character. No such rule can, therefore, be followed with any degree of propriety. The plan of raising a fold of the tissues and dividing them the same in all cases would be equally objectionable. Then what shall be done to secure success without risk of untoward results? I will answer in what experience has taught me.

1. The extent of the division of tissues should never be based simply upon what is commonly required.

2. In performing the operation the surgeon should not hurry through it, but divide the parts to a limited extent first, then stop, absterge the wound carefully, and observe the change, if any, produced, and thus

the operation should be continued throughout, the surgeon stopping, from time to time, to see how nearly the eye become straight.

This plan renders the operation tedious but safe, and, if properly pursued, is nearly always successful. It is not true, as authors would have us believe, that but few cases are entirely successful, that is, leaving no deformity whatever. Seventy-five per cent., at least of all that I operate upon, terminate in a complete removal of the deformity, so that not the least want of symmetry can be discovered in the contour of the eyes. But, in a majority of cases, the operation is repeated once, often twice, and occasionally three or four times, and I have had several cases in which both eyes had to be operated upon in this way, before success was achieved. The rationale of the plan is this: by dividing the tissues to a moderate extent, the position of the eye will be changed slightly, even in cases of true fibrous degeneration, and as the wound heals, which it does readily enough by the reproduction of the necessary tissues of greater amplitude than those divided, and the position of the eye, at the end of from three to six weeks, improves in position, and is ready for a second operation, if necessary, the patient, in the meantime, suffering no inconvenience whatever, except in the fact of having the eye bandaged. Not the slightest inflammatory action of a troublesome character ever supervenes. I speak confidently, having operated upon over seven hundred cases without its occurrence in any. Nor is this to be attributed to our climate as some are disposed to say.

The same freedom from severe inflammation attended my operations at Peoria, Ill., after adopting this plan. And it is the almost entire absence of pain and inconvenience that secures the confidence of the public, and renders the frequent repetition of the operation no subject of dread to the patient.

The following case will give a good idea of this method and the success usually attending it, in cases of true fibrous degeneration, in which the internal rectus, the superior and inferior and oblique muscles, the conjunctiva and subconjunctival fascia are identified in structure. Except in cases of paralysis of the external rectus muscle, I always expect equally good results in the worst of cases.

CASE.—Miss M. H., æt. 13, consulted me in July, 1856, in consequence of strabismus of nine years standing, produced by an attack of measles. Both eyes were converged and nearly stationary, by contraction of the tissues and true fibrous degeneration, the right one so much drawn towards the nose and the visual axis so changed, that the patient could not tell the color of a man at the distance of two feet, being almost entirely blind in that eye. The left one was much better, the patient enjoying a comparatively good degree of sight, although the ball was so fixed in its state of convergence, that the pupil could not be drawn outwards beyond the mesial line, between the two canthi.

OPERATION.—The operation commenced by having the eyelids of the right eye drawn apart, when a strong double hook was fixed in the conjunctiva, two lines back of the cornea, and the contracted tissues placed strongly upon the stretch. These were then divided, by means of the scissors, to the extent of half an inch. No evidence of the existence of the internal rectus muscle could be found, it being completely identified with the other contracted tissues.

This section resulted in no very marked change in the position of the eye, but still a change for the better was perceptible.

The eye was bandaged up, and a compress placed over it, wet with an evaporating lotion, composed of one part of alcohol and ten of water, and the patient permitted to walk about as usual. At the end of four weeks the bandage was removed, and the other eye operated upon in the same manner as the first, and treated, afterwards, the same. Further minute details can hardly be necessary in this case.

It is sufficient to say, that the right eye was operated on four times, and the left one twice, in the same way as the first, every operation improving the eyes, until, at the end of seven months, when the patient left the city, almost free from any deformity, and the vision of both eyes almost as good as in persons generally who have had no defect whatever. The patient, during the time, never passed a moment of suffering in consequence of the operative procedure, and, after the first, was not at all alarmed at the repeated sections of the contracted tissues, which, however, is a very usual condition of the mind of brave patients in these cases. There is scarcely ever any difficulty in obtaining the full consent of patients to this course, as soon as they find that but little pain or inconvenience is experienced.—*San Francisco Med. Press.*

Vesico-Vaginal Fistula—Spontaneous Relief.—“The American Operation.”

BY B. E. COTTING, M. D.

Vesico-Vaginal fistula has been justly called a lamentable accident. Its consequences are truly deplorable; the remedy difficult, and, until recently, very uncertain. Spontaneous recovery, a result hardly to be hoped for, is a mere possibility. As an instance of such unexpected good fortune, the following case seems worthy of record.

In January, 1844, the patient, aged 33 years, was delivered of a first child, after a labor of five days without intermission. On the third day her medical attendant left her, because she would not allow the forceps to be used. After he left, she got no attendance until the last moment of her labor, when she had the assistance of a midwife. During the five days she was not conscious of having passed any urine. Before the removal of the placenta, the water was drawn, and the catheter was used at proper intervals afterwards. On the third day after delivery, however, she found that she had no control over the bladder. After this, all the urine came away involuntary and without cessation.

Having been called at this stage of the case, I found a sloughy opening from the vagina into the bladder, nearly an inch above the neck of the latter, large enough to admit the tips of two fingers. The catheter passed readily from the bladder to the vagina. The nature of the case, thus clearly made out, was explained to the patient; and she was informed that, after her recovery from confinement, means for permanent relief might be tried with reasonable chances of success. From time to time thorough explorations were made; and the case on the whole was considered a promising one for a surgical operation.

This was in 1844, and I was led to take this view of the matter, because I had been either an observer or an assistant at most of the operations for this accident performed previously, or about that time, by Dr. George Hayward, Sen., of Boston. But the patient resolutely refused to submit to any operation, in spite of earnest and repeated persuasion,

and at length declined all further interference; having, from the first, allowed examinations very reluctantly. All unusual interest in the case therefore subsided; and for a long time after nothing was heard of the patient, except that she was in a wretched condition.

Seventeen years having passed, I accidentally, a few days ago, met with this patient, and obtained from her some particulars of her history subsequent to her misfortune.

She had never been pregnant since, though she says that she knows of no reason why she should not have had other children. For three years or thereabouts, after the accident, she was unable to retain the least accumulation of urine, the dribbling having been constant and unceasing. In a word, she suffered all the discomforts and loathsomeness ordinarily attendant upon such accidents. She afterwards began to experience some slight power of retention, and this continued to increase, very gradually, until she had almost or quite acquired complete control over her urine. For the last three or four years, and since her catamenia have ceased, she has been able to retain and pass her water, as she says, "as well as anybody." She goes to church and other public places without apprehension, though after several hours she sometimes feels uneasy and fears consequences. She has not, however, suffered from too long retention up to this time. She affirms that she is completely restored, and perfectly well.

On partial digital examination, which she very reluctantly permitted, there were noticable deep corrugations and contraction about the place of the former opening; and the upper part of the septum appeared to overlap the under. No communication with the bladder could be discovered by the finger; but whether it was completely obliterated, or, if any, how large the opening might be, could not be ascertained with absolute certainty, as she repelled the introduction of the catheter—seizing the instrument and preventing further exploration. At any rate, the injury has been completely repaired, and the patient relieved of her miserable state and restored to a comfortable existence.

In looking up and reviewing a case like the foregoing, which terminated so fortunately, one is naturally led to reflect on the great difficulties formerly attendant on efforts to remedy such accidents, and to call to mind some of the circumstances of the earlier operations performed by Dr. Hayward, particularly those original and scientific devices of his, which have rendered subsequent operations so much more successful; and which, having been accepted by such men as Prof. Verneuil and M. Robert, of Hotel Dieu, have given to the method abroad the name of "The American Operation."

An account of some of these improvements is worth repeating—for their own intrinsic value, and more especially now as they do not seem to be fully appreciated or properly acknowledged by some, whose success, whatever it may be, should be attributed to the more or less complete adoption of these improvements; and moreover as, in certain localities, they appear to be in danger of being overlaid by accumulating heaps of pretended discoveries and inflated assumptions.

Bearing in mind that when the first case presented itself to Dr. Hayward, in 1839, there had not been a successful operation in this country, and very few anywhere; that little or no assistance in the details of such an operation could be obtained from any source; that troublesome and alarming symptoms had arisen from sutures carried through the

walls of the bladder, as previously thought necessary; that danger and even death had occurred from hæmorrhage—bearing in mind these and other formidable obstacles on the one hand, and the confessedly slight change of success on the other, we shall have a better conception of the great service Dr. Hayward rendered, in planning and executing, on strictly scientific principles, a *new, safe and successful* method of operating for the relief of this accident.

And first, by passing a large, smooth and inflexible staff through the urethra beyond the fissure towards the fundus of the bladder, and using this staff as a lever, the pubes being the fulcrum, he showed that the bladder could be brought forward until the fistulous opening came quite within reach and sight. This movement originated with Dr. Hayward. It can be effected without difficulty; and, even before the use of ether as an anæsthetic, caused no very considerable amount of inconvenience or pain. Now, of course, whenever ether is resorted to, the last and only objection is entirely obviated.

The parts having thus been rendered accessible, Dr. Hayward's next and chief improvement consisted in superficially but thoroughly paring the edges of the fistula without cutting deeply into the walls of the bladder, and more particularly in dissecting or splitting up the vaginal membrane around the opening for the distance of a few lines, in order to have broader surfaces to be placed in contact; thereby increasing the chances of adhesion, while the danger of hæmorrhage, the result of deeper incisions, was greatly diminished. In fact, the bleeding was in this way reduced to the merest trifle, and the loss of substance, always to be avoided, rendered so inconsiderable that it need not be taken into account.

A third and very great improvement, introduced by Dr. Hayward, was the passing of small sutures; and these through only a portion of the thickness of the pared parts—not through the walls of the bladder. Thus, inflammation of this organ, as experienced by previous operators, was completely averted.

In his first cases, Dr. Hayward removed the stitches a few days after the operations; but having in one instance, at least, which I happened distinctly to witness, re-opened an already united wound by pressing too suddenly on the staff in his endeavor to get at the most distant suture, he allowed in some of his subsequent operations the threads to remain until spontaneously cast off. Left in this way, the threads caused no trouble whatever, usually coming off in from seven to ten days. In one instance one remained twenty-eight days without inconvenience or injurious effect—so that this course may be adopted whenever it may be difficult to reach or remove the stitch.

As so much has been said, from time to time, since the publication of Dr. Hayward's method and success—now on the varied contrivances for securing and retaining the sutures, again on their number and size, and still more on their material, till "lo! a new era dawns!" and we have "the greatest surgical achievement," "the imperishable discovery" of the silver suture (though unfortunately for our country's vaunted glory in the matter, this "result of a Providential train of circumstances" occurred fifteen years after silver sutures had been in use in England, been advocated there on precisely the same grounds, and even been employed in a successful operation for vesico-vaginal fistula, and as there is no little danger in all this clamor about clamps, buttons, shot, and

other equal unimportant mechanical contrivances, that the true scientific principles, which should guide in these operations, may be overlooked or disregarded—it may be well to remark in a word, and it needs but a word, that, wherever union by the first intention is looked for, the edges of the wound must be kept in close contact; and that, if this be skillfully done, it is of far less consequence by what peculiar contrivance it is effected. If sutures are used, more depends upon their adjustment, and their having the exact amount of tightening requisite, than upon the material. A metallic suture, of whatsoever or whosoever's make, if imperfectly secured or too tightly tied, will prove as ineffectual or will cut its way out as certainly as that made of silk or flax. A delicate thread, even of cotton, properly adjusted, will retain its place, cause as little irritation, and leave as small a scar, as we have often had occasion to notice in operations about the face, as the purest silver, the softest iron, or the most polished steel. Let each operator, then, use whichever suture, knot, or fastener he himself chooses or can, in a given case, best manage, just as he would select any particular form of scissors or knife for paring the opening; but let him not forget the principles on which he must depend for success. The former, though perhaps not the best, may answer if adroitly used, but a neglect of the latter will result in inevitable failure. And having, by such a course, been successful, let him not, in his report of the case, as is too often done, wholly ignore the first demonstrator of these principles—an act of simple justice; while magnanimity would suggest an honorable mention.

The position of the patient during the operation is of some consequence, though it may occasionally be varied to suit the convenience, or even the whim, of the operator. Dr. Hayward adopted that of lithotomy, which has many advantages. The fistulous opening, naturally thrown forward by this position, can thus without difficulty be brought by the staff nearly or quite to the os externum, and the subsequent steps of the operation thereby greatly facilitated. In this way too, an assistant, on either side, can with one hand keep the leg in proper position, and with the other separate the labia with a suitable spatula, without being in the way of the operator, who stands in front of the patient. Besides, the patient is in the most comfortable posture for a prolonged operation, and can thus take ether when and as long as desirable.

The catheter for after use, contrived by Dr. Hayward, is, to say the least, quite as good as any of its imitations; while its advantages are the plate which enables it to be secured by a bandage, and the screw which allows the additional portion to be turned in any desired direction, or to be removed at pleasure.

Much more might be added, but enough has been said for the present purpose, which is, simply, a short exposition of the principal improvements, based on which, the operation for vesico-vaginal fistula is hereafter to become one of the successful operations of surgery. Having had the opportunity to be present and to assist in the earlier cases, I can bear testimony to the difficulties encountered, and to the original as well as successful means adopted to surmount them—a grateful testimony to the merited eminence of a faithful instructor and steadfast friend.—*Boston Med. and Sur. Jour.*

On the Palliative Treatment of Asthma.

BY T. L. PRIDHAM, ESQ., BIDEFORD, NORTH DEVON.

The first on the list is stramonium, the fumes of which may be collected in an inverted glass bowl with a narrow mouth; the bowl being charged to its full is placed under the mouth of the patient, who is directed to inhale to the fullest extent in his power the smoke which has been collected in the bowl, taking care to hold his head away from the bowl, when an expiration takes place. Chloroform, both taken internally or inhaled, is a powerful remedy, but must be employed with caution, and never be administered except by a medical attendant. The fumes of nitre paper in a state of ignition, well inhaled, is a valuable remedy. Care should be taken to procure the best prepared from a good chemist. Chloric ether and the tincture of the lobelia inflata will occasionally relieve.—Bicarbonate of soda, as well as chlorate of potass, given in full doses, I have frequently seen produce a good effect. Again, I have seen repeated doses of sulphurate of alum procure relief, the powder being allowed to dissolve on the tongue before it is swallowed in ten grain doses. I have also seen the fumes of tobacco, inhaled as I have recommended in the use of stramonium, relieve, when other remedies have failed; but I do not like this remedy, it produces such deadly faintness and nausea. Small drinks of the best Mocha coffee, made strong, will often procure relief. On two occasions, when every other remedy failed, I succeeded in procuring almost instant relief, by injecting two grains of morphine and a drachm of tincture of assafœtida. These were cases where mental distress appeared to be the exciting cause.

I have often sat at the bed-side of one, suffering from the severest form of the disease, watching with great anxiety the result of prescribed remedies, and it has not unfrequently happened that many have been tried without relief, the patient all this time gasping for life with sufferings the most intense, when relief has at length come from a remedy apparently the most unlike to procure it—so capricious is the disease, and so uncertain the remedy in asthma cases of this particular character.—*Brit. Med. Jour.*

Tuphlo-enteritis—Malformation of Intestine.

BY FRANCIS MINOT, M. D.

May 27th.—*Tuphlo-enteritis; Malformation of Intestine.* Dr. Cabot reported the following case.

A boy, 13 years old, after eating a large dinner, exercised violently. He was soon after attacked with pain in the abdomen, became faint, and vomited both food and bile. The next morning there was tenderness and induration in the right iliac region, a pulse over 100, but no excessive pain. He got some relief after a discharge produced by castor oil. The next day the tenderness extended across the abdomen, the pulse was accelerated, and he had some strangury. The pain and strangury were relieved by an opiate enema, and fomentations, but afterwards returned and increased. The fourth day the pulse was quick and feeble, and the tenderness increased. It grew less towards evening, but the patient became delirious, and died early on the morning of the fifth day.

Dr. Ellis reported the autopsy. On examination, the lower edge of the great omentum was greenish, infiltrated with pus and adherent to the neighborhood of the cœcum. The appendix was adherent to the adjacent parts, which were of a blackish color. In the appendix, about midway between the extremities, was a round opening, about a line in diameter, and in the interior were two yellow oval bodies, one a quarter, the other half an inch in length. Although these had the shape of beans, they appeared, on being broken up, to be composed of fecal matter. The inner surface of the appendix had a rough, whitish appearance, as from inflammation.

The arch of the colon was parallel with the ascending portion, being pushed aside by a soft, resonant, elastic tumor, which occupied the left side and centre of the abdomen, with the pancreas upon its superior and posterior surface. On further examination, this proved to be the wall of a sac formed by a separation of the layers of the mesentery, which usually constitute the transverse meso-colon. This contained the greater part of the small intestine, and was evidently congenital, as the mouth of it was two or three inches in diameter, and the margin smooth and rounded. The intestine itself was unchanged. The other organs were normal.

May 27th.—*Epithelial Cancer of the Stomach.* Dr. E. Palmer reported the case.

The patient was a gentleman, aged 59 years, who had never known what it was to be ill, before being attacked with the disease of which he died, and who was endowed with great physical and mental vigor. Early in June, 1860, he had three attacks of what he termed cholera morbus, occurring without obvious cause, in rather rapid sequence, and which were succeeded by prostration, loss of flesh, some nausea and distress after eating, and occasional tendency to diarrhœa. As the disease advanced, he had vomiting at intervals of from ten to twenty days, not violent, nor preceded by nausea, but sudden, and followed by extreme exhaustion. An attack of vomiting invariably had for a herald a sense of pain in the middle of the shaft of the left humerus. The skin was anæmic, with a faint bronze tinge, of the tint associated by many with malignant disease. The fæces were invariably of a dark-green color. The urine was normal. No tumor could ever be detected in the abdomen. No member of the patient's family had ever died of cancer. Death occurred April 29, 1861; the duration of illness having been eleven months.

At the autopsy, the pyloric extremity of the stomach was nearly surrounded by a soft, white growth, which extended inwards two or three inches from the valve. Its margin was undermined, and somewhat elevated above the surrounding surface, but the remainder of the growth appeared to have lost a part of its substance, the base being sunken and irregular, and formed by the exposed disease, long shreds of which floated up, on placing the part in water. There was no disease elsewhere.

Dr. Ellis remarked, that on microscopic examination, the disease was found to be composed of cells and nuclei, more or less granular, but *not larger* than those of cylinder epithelium. They are round, *more or less elongated*, some being fusiform or pointed at one end only. *A few had a decided columnar arrangement.* The microscopic appearances in this, as in two other cases, will warrant us in calling it an epi-

thelial growth, the elements being the same in the three, and, he thought, as indicative of epithelial disease of the intestine as those of the cancer of the lip are of a similar formation there.

June 10th.—*Insanity; Death from Pyæmia.* Dr. Tyler reported the following case.

A lady, 34 years old, married, and the mother of three or four children, the youngest of whom was seven weeks old, entered McLean Asylum, Feb. 7th. Two of her maternal uncles had died insane, and other members of her family had been deranged. She had had two or three attacks of "bilious disease" previously, not followed by insanity. On the 9th of January, she was attacked with pain and vomiting; on the 19th, she had mental disturbance, vigilance, and inability to take food.

On admission she was exhausted; afterwards she had incoherence, would take no food or medicine; had occasional liquid dejections, and very abundant urine. In a week she became more quiet, and took food, but afterwards relapsed. Feb. 28th, she showed signs of sinking, and died March 2d.

At the autopsy, the skull was found to be uncommonly thick, being half an inch in the frontal and occipital regions. The brain was healthy. The arachnoid was firmly adherent, and ecchymosed in several spots. The liver was filled with pus, and weighed 6lbs. 10oz. The gall bladder was gangrenous, and was completely filled by a large calculus. There was also hepatization of the lower part of the right lung. In this case, the disease of the brain was secondary, and the insanity was probably owing to a poisoned state of the blood.

June 10th.—*Ophthalmia Neonatorum.* Dr. Williams asked whether gentlemen had seen many cases of ophthalmia among new-born children lately. He had met with an unusual number of cases within a few weeks.

Dr. Putnam asked what treatment Dr. Williams employed.

Dr. Williams said, frequent syringing with simple water, and afterwards with a solution of alum of the strength of five grains to the ounce every hour, or every half hour, and perfect cleanliness. In cases of ulceration of the cornea, he employed atropine to dilate the pupil and keep it out of harm's way, should perforation ensue. If properly treated in the beginning, the disease may be checked in a week, and is perfectly manageable; but if the case be not seen until it has gone on some time, especially if perforation has taken place, the cure will require many weeks. In chronic cases he applied the solid sulphate of copper, which he preferred to nitrate of silver.

Dr. Putnam said he had treated fifteen or twenty cases, without the loss of a single eye, by everting the lids, applying lightly a stick of solid nitrate of silver, and syringing with cold water.

Dr. H. J. Bigelow was inclined to think that cleanliness was the most important element in the treatment.

Dr. Warren said that great care should be taken in syringing, that the stream be not deflected from the eye of the patient into that of the operator, and communicate the disease, which was highly contagious.

June 10th.—*Diphtheria; Severe Gastric Symptoms; Recovery.* Dr. Abbot reported a case of diphtheria occurring in a man between sixty and seventy years of age. The patient had been suffering for two or three weeks with a severe bronchitis, which had weakened him extremely, and at the time of the attack a moderate diarrhoea had set in. When the

throat symptoms came on, the whole of the soft palate and tonsils were found more or less coated with an opaque, creamy, faintly yellowish deposit, soft, in some places broken and thrown off, leaving a livid red punctated surface, with the mucous follicles enlarged. The soreness on swallowing was extreme, but there was no great amount of swelling. There were no symptoms to indicate any affection of the larynx. A gargle of chlorate of potass in flax-seed tea was ordered, a grain of quinine every two hours in compound spirit of lavender, and ten minims of laudanum *pro re nata* for the diarrhoea. Beef tea and stimulants were to be freely given, according to the wishes and condition of the patient. On visiting the patient the next day, the soreness of the throat was much diminished, so as to offer no serious obstacle to deglutition. Early in the previous night, however, severe pain and soreness at the epigastrium had come on, which apparently extended up the oesophagus. Any attempt to swallow had become so distressing, that the patient had for hours abandoned the effort, the smallest quantity of liquid causing intense suffering. At my request, he made the attempt to swallow a teaspoonful of liquid. The fluid passed the fauces and pharynx without any difficulty or pain, but in a moment or two, about the time for it to reach the lower part of the oesophagus, the patient sprang up in the bed in intense agony, writhing about and pressing his hands upon the lower part of the sternum and epigastrium, and groaning in a manner to indicate the extreme of suffering. It was evident the disease had passed down the oesophagus to the stomach. The thirst was extreme, but the suffering from swallowing was too great for the patient to be willing to renew the attempt. Here was a serious obstacle to treatment. Everything in the case wore the most unfavorable aspect. Small injections of beef tea, guarded by a small quantity of laudanum, however, were ordered to be administered every two hours, and the patient was left with small hopes of improvement. In the evening it was found that after every two or three injections, there had been a dejection, which seemed to bring away all that had been thrown up. The patient had passed a miserable day, tortured with thirst and pain, but unable to swallow. Treatment continued. The next morning it was found that the soreness of the epigastrium and in the lower sternal region had abated somewhat, so that the patient had been able, with some difficulty, to swallow mild liquids. From this time the symptoms abated, and quinine was administered as it could be taken. Stimulants, however, were rejected, as there was a decided repugnance to them. Nourishment and moderate doses of quinine were the only means employed. The throat continued to be coated by the pasty deposit, which was constantly renewed for a number of days after the patient had become convalescent; in fact, traces of it could be seen up to the time when he was able to be taken some miles in an open vehicle to the country. The interesting points in the case may be thus summoned up. 1st, Diphtheria in an old man debilitated by previous sickness. 2d, Severe throat symptoms, but no laryngeal symptoms. 3d, Intense oesophagal and stomach affection, shutting off the principal entrance for food and medicine. 4th, Unexpected recovery, not to be attributed in any great degree to medical treatment.

June 24th.—*Scirrhus of the Rectum*. Dr. Anson Hooker showed the specimen. The rectum was very closely adherent to the walls of the pelvis, and was detached with much difficulty. It was thickened and

scirrhus throughout its whole extent. The posterior part of the bladder was involved in the disease. The ureters were nearly obliterated. Above the seat of disease they were largely distended, especially the left one. The disease was confined to the organs within the pelvis, except very slight traces on the peritoneum within the cavity of the abdomen.

The patient was a lad, 16 or 17 years old. A year ago he was suddenly attacked with pain in the region of the umbilicus, which increased, and was followed by vomiting, indigestion, constipation and slight cough. Eight months after this, he was first seen by Dr. Hooker. He then had emaciation, and much pain, especially on defecation. The pain, however, was never referred to the rectum (except during an examination per rectum,) but always to the region of the transverse colon. The sigmoid flexure was much distended, but no obstruction could be felt in the rectum. A month before death, the obstruction in the bowels gave way, and he had free dejections; but the pain continued. Death occurred in eleven months from the first symptoms. There was no hereditary tendency to the disease.

July 8th.—*Ulceration of Stomach and Intestines.* Dr. Ellis showed the specimen, which came from a man 59 years of age, who had been under the care of Dr. Bigelow, of Newton, and was seen in consultation by Dr. Ware. Many years since, he was in business in St. Thomas, where he enjoyed excellent health, and continued to, after his return to this country, until April, 1860, when he was attacked with diarrhoea, slight at first, but which increased while he was in St. Louis, in June. Nothing is known of the character of the dejections at that time, but when seen afterwards, they contained blood and mucus. There was not much pain and no fever. He would sometimes be free from the trouble for six weeks. Although the appetite was good, he seemed to have partially lost his taste, and food did not appear to nourish him. The prominent gastric symptom was a feeling of sinking. The emaciation was not very marked.

In the pyloric portion of the stomach, particularly in the smaller curvature, where many ulcers, more or less irregular in their outline, and for the most part small, the largest being, by estimation, from a third to half an inch in diameter. They presented none of the appearances usually found in chronic ulcers, but resembled those found in the intestine below. Their margins were undermined, and their bases formed apparently by the muscular coat. The mucous membrane around was not materially changed. That of the large extremity was softened by the action of the gastric juice. Scattered throughout the whole length of the large and small intestines were ulcers of various sizes, the largest and deepest occupying the upper part of the small intestine, where a number were perhaps two-thirds of an inch in diameter.

The tissues which formed the base of some of these were so thin that they were ruptured during removal, although no unusual traction was made upon them. Their margins were undermined, but did not appear materially changed.

In the large intestine, comparatively few were seen, and some of these were very superficial, ill-defined, and of a dark gray color, giving the impression that they were old and undergoing cicatrization. No change was anywhere noticed externally which indicated the existence of the disease. The contents of the small intestine were either thick blood or some material deeply stained by it. Those of the large intes-

tine were thin, dark colored and very offensive. The other organs were healthy.

The case was considered interesting on account of the character of the ulcers in the stomach, and their resemblance to those of the intestine.

July 22d.—*Pregnancy complicated with Ascites.* Dr. Jackson reported the case, which occurred in the practice of Dr. George Faulkner, of Jamaica Plain. An Irishwoman, aged 28 years, applied to Dr. F., Oct. 27th, 1860. Countenance quite thin and cadaverous. Expected to be confined in two months. Very much oppressed with ascites of six weeks duration; lower extremities œdematous. She had been in this country about six years; pale and sickly in appearance, but had never had any severe sickness. Married nearly one year. It was very difficult or impossible to determine the period of her pregnancy; but, as she seemed to be failing, it was decided to bring on premature labor. On the 18th of November, a Simpson's sound was passed a little way into the uterus, and swept around. On the 19th, as there was no change, an elastic bougie was passed as far as it would go, and left to come away by the movements of the patient. On the 20th there was still no change, and the same was repeated. At 2, A. M., on the 21st, labor began, and after fifteen hours the child was born. The labia were enormously swollen, and literally as hard as marble, so that the head had to pass behind them, but the perineum was not torn wholly across. The child appeared to have reached nearly full time, and is now (May 25th) living. The mother was more comfortable for a day or two, but died comatose, November 27th, six days after delivery. The abortion seemed not to have given any shock, or to have added at all to her discomfort.

The liver, which was very markedly granulated, and the uterus were brought in a fresh state to Dr. D. H. Storer, by Dr. Robinson of Jamaica Plain, and the following notes were taken by Dr. J.:—Uterus seven inches in length externally in a straight line, and including the os tincæ; maximum width, $4\frac{1}{2}$ inches, and thickness $1\frac{1}{4}$ inches. Site of the placenta very marked upon the anterior surface of the body. The organ was shown to the Society.

July 22d.—*Fibrous Disease of the Ovary.* Dr. Jackson showed the specimen, which he had received from Dr. S. H. Carney, Physician to the State Almshouse, at Bridgewater. It was taken recently from an old insane woman, of whom very little was known. She had never had children, and her bodily health had been good until within a few years. Every organ was examined, but no other disease was found, excepting that of the ovary, which lay well down in the pelvis, and without any adhesions or sign of inflammation about it. It formed a pretty regularly oval mass, four inches in length, three inches in width, and two inches in thickness. Its structure was uniformly a fine (i. e. not coarse) fibre cellular, and as dense as any scirrhus. Microscopically, Dr. Ellis found "nothing but fibrous tissue." The upper extremity of the cervix uteri is obliterated to a small extent, but firmly; as, Dr. J. remarked, it very frequently is in old women.

In regard to the nature of the case, Dr. J. is inclined to regard it as one of simple fibrous development, and not a scirrhus affection, which is very rare in the ovary, though other forms of malignant diseases are not so. He had examined a case many years ago, in which one of the

ovaries formed a very large tumor, of which one half was encysted, and the remainder formed a dense fibrous mass, as in the present specimen. There is also, he remarked, an ovary in the Society's Cabinet, taken from a patient who was extensively cancerous. It is of a regularly oval form, of the size of a small musk-melon, and resembles the above specimen, so far as we can judge of one that has been in spirit for several years.

July 22d.—*Enlarged Male Breast.* Dr. Jackson showed a cast in plaster, of the external appearances, and reported the case. A healthy-looking sailor, aged 22, was seen at the Hospital by Dr. Gray. The breast was about as large as that of a girl 14 years of age, firm to the feel, gently elastic, and with a well-formed nipple, not painful, and, so far as he knew, not connected with any external injury. It had been enlarging for nine years. The patient was seen but once, and the cast was then taken.

In connection with this case, Dr. J. alluded to another of true scirrhus of the mammary gland, that was operated upon not long ago at the Hospital by Dr. Gray. An interesting complication of the operation was the puncture of the pleural cavity, caused by a sudden and violent start of the patient; interesting, practically and pathologically, from the fact that it was scarcely followed by a symptom.

Camp Dysentery.

BY C. D. GRISWOLD, M. D.

Dysentery is the plague of the army. In hot climates it often proves more destructive to the life of the soldier than the enemies projectiles. It is the foe the commander most dreads to see appear, for no skill in tactics, no advantage in position, or bravery of his forces, avails in the contest. With the appearance of dysentery in an epidemic form, the General is sometimes compelled to resign his command into the hands of the Surgeon, and wait events. It was this disease that decimated the French army so terribly in Egypt, the English armies in India, and our own in Mexico. Wherever large bodies of men are compelled to endure great fatigue during the heat of the day, sleep on the ground at night with only a blanket between them and the damp earth, and to cover and protect them from the dew and night air, there dysentery in its epidemic form is almost sure to appear sooner or later. The only other circumstances necessary to make it certain, perhaps, are a near approach to the tropics, or within them, and camping out upon low grounds.

Cause of Dysentery.—Epidemic dysentery, it is believed by many systematic writers, has its origin in malaria. While in charge of the hospital as surgeon of the Panama Railroad Co. at Rujio Saldado, during the construction of that road on the Isthmus, I saw much of this disease, and was led from its behavior to regard it as essentially a malarious disease. During the rainy season, corresponding with our summer, when the men on the works were subject to drenching showers, and would go into their quarters, and perhaps lie down without taking off or changing their clothes, to awake in the night chilled by the cool air, dysentery became the prevailing disease. On the other hand, when drought prevailed, we had fever alone to combat. The treatment sustained fully

the malarious nature of the disease. Opium and its concomitant adjuncts had little control over the discharges, but if possible they were stayed by such means, a chill would set in followed by fever, to arrest which, quinine would be administered and the patient would recover as though no dysenteric symptoms had preceded it; but such a course would protract the case through several days—a matter of great importance, not only to the patient but the Company, inasmuch as the average expense of each man was five dollars per day. Where ninety out of one hundred were taken down with either dysentery or fever, within two weeks after arriving upon the Isthmus, it became a matter of the utmost importance to return the sick to their work in the shortest possible time. To this end we soon learned that quinine was as essential in cutting dysentery short as it was in accomplishing the same end in the treatment of the intermittent and remittent fevers—thus sustaining the opinion as to its malarious origin, instead of regarding the fever as a complication, as some would have it.

During a residence of five years at Fort Hamilton, L. I., I had frequent opportunities for observing and treating dysentery. This district is perhaps one of the most pernicious localities for miasmatic fevers in the vicinity of New York, and here I found dysentery as readily cut short by quinine as on the Isthmus. In 1859, epidemic dysentery prevailed to a considerable extent in Batavia and the surrounding towns in Genesee Co., N. Y., where I then resided. It proved very fatal under the usual treatment, the patients sinking ultimately into a typhoid state. Here, as elsewhere, I found quinine would bring the hæmorrhagic discharges to an early termination, and establish convalescence. Here dysentery was associated with a severe form of remittent, usually called typhoid fever, and which without the administration of quinine in many cases proved fatal.

From these observations thus briefly sketched, of the behavior of dysentery treated with and without quinine, together with the fact that it always associates with some form of miasmatic fever, I have become satisfied that the agency of malaria as its cause is unquestionable. Its sporadic existence is not more frequent or difficult to explain than that of intermittent fever.

Pathology of Dysentery.—Those who remember the papers I contributed some years ago to this Journal, know that I regard intermittent, remittent and yellow fever, as all having one common or malarious origin. Spring malaria produces remittent; midsummer malaria, remittent of a simple type; later in the season, gastric, bilious and typhoid symptoms complicate it, upon which may be engrafted the virulent malaria of yellow fever from southern climates. Such was the case at Fort Hamilton and Staten Island in 1856. But little intermittent had prevailed that spring, but in July a severe form of remittent set in, with marked gastric and bilious symptoms, upon which the yellow fever poison became engrafted and proved very fatal, except in cases where quinine was promptly and largely given on the first remission. Now these diseases are produced by a poison developed from inanimate matter, and that only, and therefore not contagious in any sense of the term. The same law and conditions pertain to dysentery, and when we add it to the list, we have the principal malaria diseases grouped together.

Let us glance at the phenomena exhibited in the different forms of disease we have classed together as arising from a malarious origin. In

simple ague—the type of all grades of fever—we have during the chill an exsanguinous surface, with engorgement of the lungs principally, and to a great degree suspension of the development of animal heat. In remittent fever, we find the lungs not so generally involved, but the liver, spleen and stomach take on the congestive from the receding venous currents. The symptoms are gastric and bilious, and the general constitution is more seriously affected. In that form of fever regarded by many writers as idiopathically typhoid, we have still less chill, with greater depression of the vital powers, and subsequent ulceration of Peyer's glands, indicating a still more deep-seated congestion in the early stages of the disease. In dysentery, the primary congestion or engorgement takes place near the terminal extremity of the intestinal tract—in the rectum and colon, and as these organs are not so important in nutrition, the constitutional symptoms are not usually so depressing or dangerous. In yellow fever, the primary engorgement involves almost every interior organ essential to organic life, especially the liver, stomach and intestinal tract. In extreme cases, unless the virulent poison of the malaria is early neutralized by quinine, the venous engorgement is not relieved, the vitality of the blood is suspended, and it transudes into the mucous cavities and is ejected from the stomach as black vomit.

A little careful reflection will show that in each form of disease referred to, the symptoms and constitutional effects are in perfect accordance and harmony with the lesion, and that their distinguished characteristics are from local causes, rather than from any radical difference in the primary source—that dysentery is just as truly a malarial fever as intermittent, its widely different symptoms being the result of the lesion, or seat in which the malarial poison takes effect. Why malaria in the spring should take effect principally in the chest; in the summer in the liver and stomach; and in the autumn in the small intestines or lower bowel, is more than I can tell, but the length of time the surface which eliminates the poison has been exposed to the sun before it becomes sufficiently dry to generate the malaria, seems to have much to do with it. In the former papers referred to above, I endeavored to show that vegetable decomposition in no case generates malaria, a conclusion which extended observation I believe will fully confirm.

Treatment of Dysentery.—Life in the camp is specially calculated to produce dysentery, or the local determination of blood to the lower bowels, when the primary cause is taking effect upon the nervous system. The hips are more frequently exposed to the ground, and without covering, than any other part of the trunk, while the recumbent posture upon the ground is most favorable to the inhalation of the malarial poison. The soldier subject to such habits requires a treatment specially adapted to his situation. He should take nothing calculated to increase his susceptibility to change of temperature, nor to impair his vital forces. To equalize the circulation, instead of abstracting by blood-letting from it, should always be the rule. No error in practice is more frequently advised in text-books than this of bleeding in dysentery. Fortunately, from necessity, it is generally, I believe, dispensed with in the camp. Blood-letting was never beneficial in diseases involving the mucous membranes, and its disuse is rapidly following a better knowledge of the pathology of dysentery.

Mercury is another remedy which has been highly esteemed in dys-

entery, from a confused idea that this disease was in some way a sequence of diseased condition, or deranged function of the liver. All careful observers will find the hepatic difficulty but an *effect* and not a *cause* in dysentery, as in all malarial fevers. The primary effect of malaria is upon the organic system of nerves, and hence the processes of nutrition and secretion are suspended. The liver being the largest secretory gland in the system, the effect in this organ is most apparent. Malaria serves to lock up all the secretions, and hence the true remedy is that which will neutralize this poison, when all the organs resume their functions and the system returns to health. The use of mercury in dysentery is not indicated by any condition of the disease, and in camp dysentery it cannot be too earnestly deprecated. Its effect upon the constitution when long continued is analogous to that of malaria—the destruction of red globules in the blood. It is irritating to the mucous surfaces when diseased, and serves no purpose that may not be attained by the most simple cathartic. Mercury and malaria cannot be endured in the same constitution without a twofold injury to the vital powers. Bloodletting and mercury are good remedies when inflammation involves serous membranes, but when the mucous tissue is diseased, abstain from their use. The liver will take care of itself if the primary cause of the disease is properly attended to.

Alternate cathartics and opiates is a favorite course with the old physicians. I have seen a patient sink and die within three days from the effects of a cathartic, and this, too, after the physician had decided convalescence to be fully established. The practice which I have found preeminently successful consists mainly in the administration of powders composed of *Ind. rhei*, grs. ij.; *opii* and *ipecac.*, aa gr. ss. In preparing these powders I triturate the ingredients thoroughly in a mortar, combining a little white sugar. When there is indication of acetous fermentation in the stomach and bowels, add a little sub. carb. soda. When there is obstinate constipation, increase the rhubarb; if the bowels are relaxed, lessen it. If fever runs high, increase the *ipecac.* until nausea is produced. The rhubarb will work its way through the bowels and carry the opium to the seat of the disease, preventing the formation of scybala or the necessity of other cathartic remedies. When there is no fever at the commencement, I give quinine to the adult in four-grain doses, alternating with the above powder, every third hour. When there is well-marked pyrexia, wait until a distinct remission before giving the quinine; it should be continued until 16 to 20 grains are taken, or cinchonism is produced. With this simple treatment, commenced early in the disease, the great majority of cases will be cut short within forty-eight hours, and the patient may be permitted to go about his business. On the Isthmus a patient was seldom detained from his work more than one day from an attack of dysentery; and in simple ague he was merely required to report himself at the hospital before each meal, to take his quinine and go to his work regularly, in the majority of cases. The proportion of deaths to the whole number of cases on the Isthmus was very small, the statements of the secular papers to the contrary notwithstanding. The whole number during the first and second year was about 35. I have seen the number stated *more than the whole number of persons, both native and foreign, that was ever employed upon the road from its commencement to its completion.*

A wide-spread prejudice obtains with the public against the use of quinine, and many physicians do not seem to be much better informed upon the subject. It is as harmless, in producing any permanent constitutional effects, as capsicum. I have administered over a hundred ounces from first to last, without ever discovering any injurious effects from it. During the yellow fever epidemic at Fort Hamilton, L. I., and during and subsequent to an attack of that disease, I took about two hundred grains of it, and have never been in better health in my life than since. It should be remembered, however, that I was a month almost constantly breathing the poisoned atmosphere of that district, having no time to attend to myself as I did others, taking the remedy at hap-hazard as I felt the indications coming on. Quinine alone has no permanent effect in preventing the recurrence of fever. It simply neutralizes the poison of malaria for the time being. More permanent results were obtained from the use of the bark in powder, as administered before sulphate of quinine came into use. A concentrated preparation of the calisaya bark should always be used after breaking up a fever with quinine, in private or hospital practice.

The use of spirits by those subjected to a malarious atmosphere is exceedingly prejudicial. There are few constitutions that can bear up under the combined effects of malaria and strong drinks; fever is hastened and rendered less amenable to treatment by such practice. On the Isthmus this was most thoroughly tested, not only among the laborers, but with the people generally. Of the four deaths that occurred in my department, two of them were from this cause.

Many measures may be adopted by the physician or army surgeon not indicated here, for the relief of the patient suffering from dysentery; my object being to establish general principles for the "abortive" treatment of the disease, and not to dwell upon the minutiae. If I have succeeded in calling attention to, and pointing out the way by which the miasmatic origin of dysentery may be recognized, I am confident that it will lead to a more speedy and successful treatment of this disease than that generally advocated by text-books and the profession.—*Boston Med. and Sur. Jour.*

Styptics upon the Battle-Field.

BY JOHN M. MAISCH.

The following remarks are offered from a pharmaceutical and chemical point of view, and may, perhaps, differ from the views of a surgeon to a certain extent. I will remark here, that it is not my province to make suggestions for the proper treatment of gun-shot and similar wounds, but that I merely desire to speak about what the pharmacist is able to furnish in case the field-surgeon feels the necessity of arresting profuse bleeding.

Though bleeding of wounds may occur frequently in the ordinary practice of the physician, there is undoubtedly no place where it can be observed and studied oftner than upon the battle-field. The attention of the surgeon is here claimed by wounds of a slight and of the most fearful character on every part of the human body, from the head down to the foot, and inflicted by all sorts of weapons, from an ordinary knife and a pistol ball, to a sabre and the fragments of an exploded shell.

Whether or not it is desirable in all cases to arrest the bleeding before the removal of a ball or of the splinters of a bone is attempted, I know not; but it is at least very frequently desirable before the attempt is made to dress the wound properly. This object may be arrived at in two ways: either by the ligature of the ruptured artery, or else by the application of some foreign body.

Independently of the difficulty occasionally experienced in getting a sufficient hold of the blood-vessel previously to tying it, the time consumed by this operation is usually more than a surgeon can afford, when many others claim a like share of his attention; want of time, therefore, requires him to forego this mode, and rather have recourse to the second way, that of applying some foreign substance.

Mostly, I should judge from the limited experience I have had, liance is placed on simple bandaging, perhaps with a suitable compression hurriedly made; but besides the bandage, the substances used for this purpose may be of a twofold nature; they may either act as absorbents—and then their action is merely mechanical—or astringents or a styptic—and then their action is chemical. In both these latter cases the ejection of blood is arrested by its coagulation, and the ultimate object of all mechanical and chemical styptics must therefore be a rapid promotion of its tendency to assume the solid form.

It is well known that the presence of a large amount of oxygen, of atmospheric air, increases the coagulability of the blood, and I am of the opinion that a number of what may properly be called mechanical styptics, merely act in this way—namely, mix the blood with a sufficient amount of oxygen. If some lint is gently pressed upon a bleeding surface, the fibres will readily absorb the blood, and when drawn up by capillary attraction, it constantly comes in contact with fresh portions of atmospheric air, in proportion to the extension of its surface. This circumstance alone will promote the coagulation, and the tendency is increased by the presence of the numerous fibres, the separation of solid bodies from their solutions being always accelerated by the presence of solid substances, and particularly when very angular or irregularly pointed.

Porous bodies have the power of absorbing a large amount of gases, among which is, of course, a corresponding proportion of oxygen, if they have been exposed to the atmosphere. This alone will explain the coagulation of blood by substances like spunk, the prepared inner portion of *boletus ignarius*, though another circumstance must here be considered, exercising, undoubtedly, an influence not to be overlooked, namely, the expansion of spunk in consequence of its absorption of oxygen, and the pressure which it must necessarily exert upon the rupture of the blood-vessels.

Sponge acts in a precisely similar way; but inasmuch as its pores are much larger than that of spunk, it is unable to condense upon its surface so much oxygen, and it consequently when used for absorbing blood, brings the latter in contact with air by spreading it over a greatly extended surface; but in absorbing a liquid, the pores of sponge are filled by it, and a corresponding quantity of air is actually displaced, so that blood, while at first coagulating from the effect of the contact of oxygen with its thin layer, soon presents to the influence of air merely a liquid column, the solidified surface of which is forced upward by the pressure of the blood exuding from the blood-vessels. For these rea-

sons, if sponge is used as a styptic, it must be in the dry state, free from moisture. In this condition it has condensed in its finer pores the largest amount of air, and when becoming moist swells up, and by the pressure it may thereby exert, will be apt to close the blood-vessels and stop their discharge.

Penghas-whar-jambi,—the interesting substance with that barbarous name, derived from a *Cibotiune*, a fern of Java, consists of thread-like, shrivelled cells, through the walls of which the blood is absorbed, causing simultaneously an expansion of the whole cell. It is possible that simply by this diffusion, the fibrin of the blood may pass into the insoluble state, and that by this action in connection with the influence of oxygen over an extended surface, the exuding blood is sufficiently coagulated to arrest bleeding, though much of the effect is undoubtedly due to the enlargement of the cells, and the consequent pressure upon the ruptured vessel, inasmuch as the simple application of the loose substance has comparatively little effect, and as it has the desired result in the shortest time, if it is rolled together and applied with a gentle pressure. The explanation by many physicians of the *modus operandi* of these *paleæcibotii* is that of a simple filtration, whereby the blood is deprived of its fluid portion, leaving the corpuscles behind in a mass. It is most likely that all these causes combined lead to the great activity of this last mentioned hemostatic, and that filtration exercises its influence likewise in the other cases. It is certain, however, that all the substances named, together with some others popularly employed, like the web of the common spider, act mechanically, and are entirely or nearly destitute of soluble constituents, or of bodies which exert a chemical influence on blood.

Passing over to those styptics which act chemically, we may divide them into those of organic and inorganic origin. The former, almost without any exception, act by virtue of the tannic acid they contain, and are among the crude drugs chiefly represented by galls. Though we find tannin in most of the living plants, there are but few vegetable products, which in their crude state might be considered fit for arresting hemorrhages, and these few are confined to the natural orders of *polygalaceæ*, (*rhatany*.) *leguminosæ*, (*catechu*, etc.) *rosaceæ*, (*tormentilla*, etc.) *polygonaceæ*, (*bistorta*.) and *cupuliferæ*, (*oak*.) Of all these, galls is best adapted for the purpose, on account of containing about 50 pr. ct. of tannin; the pure tannin, that principle of galls and the other astringent vegetables, on which their activity depend, is more preferable.

Tannin and the inorganic hemostatics produce a coagulation of the blood, by forming insoluble compounds with the albumen, and it is probable, likewise, with the fibrin dissolved in the serum; the suspended blood corpuscles are enclosed in this precipitate, the bulk of which is thereby considerably increased. If we remember that albumen forms insoluble compounds with the oxides of most heavy metals, the inorganic bodies useful for this purpose are at once pointed out, and it follows as a matter of course, that soluble basic metallic salts are most appropriate for this purpose, inasmuch as on combining with the albumen, no or but little acid is set free, which, when present, in larger proportion, might tend to redissolve some of the precipitated albuminate.

The true cauterizing agents, like nitrate of silver, chloride of zinc, etc., are apt to proceed a step further, and destroy the albumen and

other organic bodies, forming insoluble compounds; on account of their being used most generally in the dry form, and because of their ready solubility, their action is very decided and quick, but likewise circumscribed.

Of the other inorganic compounds, which by coagulating the albumen, act as hemostatics, those of a poisonous nature might have a dangerous result, and are for this reason scarcely used. Such are the salts of copper, lead, mercury, etc. Mostly employed because free from poisonous qualities, and very decided in their action, are the salts of iron, any of which may be used, though with a difference in the result, owing to the readiness with which the salt parts with its base to the albumen. This accounts for the almost instantaneous effect of the basic ferrio sulphate, which gets, after its discoverer, the name of Monsell's salt.

It is prepared from material easily attainable everywhere; it is readily soluble, may be obtained in a solution containing nearly 50 per cent. of its weight, and may be kept in a dry state, attracting but little moisture in ordinary weather. Capable of being applied in both the liquid and dry form, of being readily extended over a considerable surface, and of being not injurious to other unruptured parts, it is particularly fitted for circumstances in which a large number of wounds of the most different kind claim the attention of the surgeon in an unusually short space of time, as is the case upon the battle-field.

There is a possibility of a wounded man bleeding to death upon the battle-field before the surgeon under the pressure of his attentions can find time to bandage his wounds. I conceive that it is in such cases, particularly where styptics might be employed with advantage until after temporary bandaging the wounds, their proper treatment might commence after the removal to the hospital; styptics would not interfere with the subsequent removal of a ball or other foreign bodies, but would retain a portion of strength, unavoidably lost by the loss of blood, while it is necessary for any possible subsequent operation. In cases of amputations in the open field, few assistants and little time will be allowed to apply ligatures to the various blood-vessels. Would not a powerful styptic be in its proper place here?

The question then would recur on the kind of styptic to be employed.

All those acting mechanically by division and filtration, will lose their properties on becoming more or less saturated with water, or any other liquid; even mere exposure to a damp atmosphere will impair their absorbent powers. Whatever their superiority in some respects over the chemical hemostatics may be, this influence of dampness alone condemns them, and must limit their use chiefly to the hospital. Their bulk is another objection, as is also the difficulty of obtaining the most active ones in a sufficient quantity to supply the demand of a large army.

We shall have to fall back therefore on preparations which the pharmacist may furnish from his laboratory in any desired quantity, and there is none more adapted for such a purpose than the dry Monsell's salt, and its aqueous solution. It seems to me that every army surgeon ought to have a supply of the former for use in the field, and if not included in the army supplies, that he ought to prepare a sufficient quantity, as every place where a fire can be built, will answer, provided a porcelain capsule or a well enamelled kettle is at hand. It may even

be considered a question of importance, whether it is practicable to furnish each soldier with a small quantity of this salt, to be used by him for stopping hemorrhage previous to the attendance of the surgeon. One ton of this salt would be more than sufficient for supplying each individual in the army with the requisite quantity.—*Med. and Sur. Reporter.*

French Medical Intelligence.

BY DR. DESLANDES.

A lengthened discussion on *post mortem hysterotomy* has taken place in the Imperial Academy of Medicine of Paris, at its sitting of April and May, in which Messrs. Depaul, Devergie, Tardieu, Trebucher, et De Kergaradec, were prominently engaged. The questions to be settled were: 1st. That of the propriety of the operation in a purely medical point of view; and 2d, that of its admissibility by the law.

On the question of the propriety of the operation in a medical point, there could not be a doubt, and there was not the least hesitation. Whenever a pregnant woman dies near the end of her pregnancy, or at a period advanced enough to lead the physician to presume that the child is living and capable of extra-uterine life, the latter has the right, and it is his duty, to perform the *cæsarean section*, if there is no possibility of extracting the child through the natural passages.

M. Depaul has clearly explained the state of science on the two following points: 1st. At what period of pregnancy is the *fœtus* viable or capable of extra-uterine life? 2d. How long after the death of the mother, can the physician have ground for believing that the child is still living? The *cæsarean section* can only be performed with any chance of success as regards the preservation of the life of the child, from the 180th day of pregnancy, or at the end of the 6th month. He fixes one hour after the death of the mother, as the time during which the child still contained in the womb may live.

Has not M. Depaul erred on this side of the possible, in giving the physician but the latitude of a few minutes to act with a sure chance of success, and in fixing at one hour the extreme limit beyond which it would be useless to attempt the operation?

M. M. Tardieu and Devergie have advanced the opinion that in following the precepts of science, and acting with the consent of the family, the physician had nothing to fear from the law.

M. Kergaradec considered the operation from a religious point of view.

After this discussion, the Academy limited itself to affirming that it is the duty of the physician to perform *post-mortem hysterotomy* in cases where there is a chance to extract a living child.

At a recent sitting of the Academy of Medicine, a report of great interest was presented by M. Robin.

To make, in our days, a discovery in the anatomy and physiology of circulation, is a very rare good fortune. M. Robin has not hesitated in acknowledging that his good fortune has fallen to M. Secquet. In one of the most learned reports which the Academy has heard for a long time, M. Robin has shown that in his memoir on the circulation of the *extremities and the head in man*, M. Secquet has discovered new an-

atomical facts which lead to unexpected physiological explanations and to pathological considerations of great interest.

The new anatomical and physiological fact discovered by M. Secquet is the existence of a derivative circulation, which has its seat in the foot, the hand, and the face. By injections first, and then by dissections, M. Secquet has demonstrated the direct and immediate passage of the blood from the arteries into the superficial veins of the foot and face, a derivative circulation placed under the dependence of the heart, and evidently in relation with the activity of this organ—a truly new function, whose mechanism had escaped until now the anatomists and physiologists, and which explains admirably the turgescence and redness of the hand, the foot, and the face under the influence of heat, digestion, the use of alcoholic drinks, joy, anger, violent efforts, etc. A circulation arrested by all depressing causes—hunger, misery, fright, cold, melancholy, etc.

Hemorrhage from Gun-Shot Wounds.

In the last number of the *Press* we gave the case of a gun-shot wound of a lad, æt. 14, in whom portions of the entire subclavian artery and vein were shot away, and yet no hemorrhage occurred worth mentioning. Recently, however, we had a case in which death occurred from internal hemorrhage, in consequence of a gun-shot wound, involving some of the branches of the superior mesenteric artery.

Why the difference in the two cases? In the first, the vessel was of immense size and near the heart, while in the latter, the vessels were small and remote from the centre of the circulation.

Gun-shot wounds are not, for the most part, followed by much hemorrhage, but an exception occurs to this in wounds involving the abdominal cavity. In gun-shot wounds of the exterior portions of the body, the surrounding lacerated tissues often embrace, closely, the ends of the torn artery, and thereby prevent hemorrhage, which does not occur in wounds of the mesenteric arteries and their branches. Again, a gun-shot wound involving a vessel belonging to the external parts of the body, will, at once, admit the atmosphere, which, being of a much lower temperature, produces contraction of the ends of the vessels, but which cannot often occur in a gun-shot wound involving the vessels of the abdominal cavity.

In the case above mentioned, involving some of the branches of the superior mesenteric artery, death occurred from hemorrhage, at the end of twenty-four hours after the injury was received. The ball—that of a small pistol—entered the abdominal cavity, midway between the umbilicus and the anterior superior spinous process of the ilium, on the right side, lodged in the left side of the second lumbar vertebræ, from the top, taking, in its course, several of the largest branches of the superior mesenteric artery. The blood was evidently discharged from these slowly, as death did not occur for twenty-four hours. The internal hemorrhage was, however, considerably impeded, in consequence of the tightness of a bandage applied around the body, all over the abdomen, which compressed all the abdominal viscera into the smallest compass of which they were capable by this means. This tight bandage was used for the triple purposes of pressing the surrounding parts against the

orifices of any communications with the alimentary canal that might have been made by the passage of the ball, and thereby preventing the egress of any of its contents; of preventing hemorrhage, as far as possible, upon the same principles; and, lastly, for the purpose of having the well-known beneficial effects of a tight bandage upon injured parts, to approximate the wounded surfaces and keep them at rest, in order to promote the healing process.

In a post mortem examination of this case, the abdominal cavity was found filled with blood to its utmost capacity, consistent with the tightness of the external pressure. A large coagulum—as large as a man's two fists—was found under the ribs, on the left side, pressing the diaphragm upwards, and considerably out of its natural place. The pelvic cavity was also filled with blood, and clots were found in every recess of the abdominal cavity not influenced by external pressure.—*San Francisco Med. Press.*

Alterations of the Tongue in Diseases.

BY DR. CARL NEIDHARDT.

Omitting other abnormal conditions of the tongue, Dr. Neidhardt arranges his remarks under three heads of coating, smoothness and dryness.

Abnormal Coatings depend essentially upon a prolongation, loosening, and discoloration of the epithelial processes (*ciliae, appendicæ epitheliæ*) of the papillæ. Whether a catarrhal condition is its cause, seems questionable; at least the places on the tongue free from coating show no hyperæmia. Certain it is that disordered nutrition occurs extraordinarily easy in the epithelium of the tongue. As to the *extent* of the coating, it is either total or partial; in the latter case it is either symmetrical, i. e., covers corresponding portions of the tongue, or is unequal, sometimes entirely on one side. This, as well as the coating of the tongue in health, is owing to the motions of the tongue, and the friction it sustains. Thus the coating is found on only one-half of the tongue, as also in cases of one-side neuralgia trigemini. The symmetry of the coating often depends entirely on the form of the tongue, as f. i. in the conical; while unsymmetrical, partial coating, may be owing to accidental circumstances, as want of a tooth, projecting teeth, etc.

As variable as the extent, is also the amount or *thickness* of the coating. It also depends mechanically on the use and friction of the tongue, and is not proportionate to its roughness.

The *color* is at first grayish white. It is changed from substances introduced from without, or from such as come from the body itself. Among the first, articles of food and medicines, as well as atmospheric dust, must be taken into consideration, besides special coloring matters. The discolorations from the body may arise from blood or biliary coloring matter. Blood extravasates on the mucous membrane of the tongue almost only in very severe diseases, when, in consequence of extreme dryness, fissures and rupture of superficial capillaries occur. The color may vary from reddish to black, constituting the rusty coating. The yellow coloration does not seem to be produced by biliary coloring matter, as is generally supposed, for it is found absent in the most intense icterus; it is owing, more likely, to the ingesta. The brownish

color is connected with dryness of the tongue. The so-called *raspberry tongue* depends on the contrast in appearance of the filiform and fungiform papillæ. The latter having but little and translucent epithelium, are plainly to be seen as red points, when the former by the alteration of their epithelium produce the coating; the fungiform papillæ being especially numerous on the anterior half of the tongue, it is here, too, where the raspberry appearance is most observed. This appearance is by no means characteristic of scarlatina, as many believe; it is quite common in children, with slight, and even with normal coating, and has, therefore, neither in children nor adults the slightest diagnostic value.

The *composition* of the abnormal coating resembles that of the normal coating of the tongue; i. e., it consists of masses of epithelium, epithelial processes with granular cells that are thrown off, fat particles, fungi, and accidental mixtures.

The *cleaning of the tongue* usually proceeds gradually, the coating getting thinner and thinner; it is but seldom that the coating is thrown off in its whole thickness at once. Cleaning over the whole extent of the tongue never occurs at one time. The first clear portion is mostly the point of the tongue, where the cleaning proceeds to the edges and regularly backwards; sometimes the middle, very seldom the posterior portion, are first cleaned. The cause of this variation is, most likely, the varying forms of the frictional motion of the tongue; solution or absorption of the epithelial cells is an unsatisfactory explanation, and has never been proved; and a clearing up of the darkened or discolored cells is certainly very improbable.

The adherence of the coating to the tongue depends generally on its duration; reproduction after artificial removal is undesirable, as showing the continuance of the diseased condition.

The *taste* is either unchanged, especially with slight coating, or cannot be indicated by the words so often quoted.

The *diagnostic signification* of the coating is limited entirely to the fact indicating the existence of some diseased condition in general. In a *prognostic* point of view, the disappearance of the coating is of value, as it is one of the first signs of the decrease of the disease. The significance of the dark coatings of a dry tongue will be considered under the latter heading.

The Smooth or Shining Tongue.—In consequence of the direction of the papillæ, the tongue, normally, is smooth on rubbing backwards, but rough to the touch, passing over it from the back, forwards. In disease, an extraordinary smoothness is not of unfrequent occurrence, accompanied, too, by reddening of the mucous membrane, and diminution of papillæ. The papillæ become smaller—and the smaller they become, the greater the reddening; for the epithelial covering becoming thinner at the same time, the blood is more easily seen through it. The abnormal smoothness of the tongue depends on the separation of the epithelial covering. Partial separation causes only partial smoothness. The smooth, shining tongue, being moist, reflects. Abnormal smoothness is found in acute as well as chronic diseases. In the former, it is without diagnostic significance, and, following generally the separation of the coating, has only the prognostic value of the cleaning of the tongue, as the epithelium is quickly reproduced in convalescence. In chronic diseases the smoothness indicates deficient reproduction of epithelium,

from greatly disordered nutrition, without, however, indicating the nature of this disorder; it is unfavorable, prognostically, the disease being mostly incurable.

The Dry Tongue.—Dryness of the tongue is found in various degrees in health as well as in disease. It may be so excessive as to interfere with motion and with taste. The tongue is generally dry, partially, or over the whole extent, only on the back. If the smooth tongue becomes dry, it ceases to reflect. The color depends on the coating, which, as already mentioned, in extreme cases of dryness, becomes dark from fissures and rupture of the blood-vessels. For prognostic purposes, it must be noticed whether the dryness is only temporary or continues, and for how long it can be made to disappear by moistening. Temporary dryness is caused by breathing through the mouth, and is of no consequence. When dryness lasts for days, and when it cannot be relieved by moistening the mouth, it is serious. Dryness usually commences at the middle, because that portion is least touched by the moisture of the mouth. Diminution of this moisture is the nearest cause of the dryness; the secretions of the mouth may be actually diminished, evaporation increased, or both these circumstances co-exist. Dryness is, therefore, almost always met with in unconscious patients, who do not feel its inconvenience. Its diagnostic importance is limited, excluding accidental drying circumstances, to the proof of some disease. Appearing in the course of acute disease, and not yielding but for the moment, to moistening, the prognosis is rendered unfavorable; the greater the degree, the more unfavorable, of course. The becoming moist again of the tongue, especially when it continues, is a favorable symptom.

Folds and Cracks of the Tongue.—Folds on the tongue are of no importance whatever. They occur only after about the eighth year, generally, increase in number and depth with age, and are connected with the frequent change in the form and position of the tongue. If the tongue is coated, the papillæ in the folds remain coated longest, on account of their being less exposed to friction. Discolorations, for the same reason, are seen here longest. From the folds, cracks may follow a contraction of the mucous membrane in extreme dryness. As these cracks heal, cicatrices form, which are distinguished from the folds by the absence of papillæ.—*Am. Med. Monthly.*

EDITORIAL DEPARTMENT.

MEDICAL COLLEGES.—The season is now approaching for corresponding upon the subject of colleges, prospects, etc; and it has been suggested that many of them would be closed during the winter on account of the wars. These suggestions should be made, only, upon the best data, as injustice may be done some of our schools. If we are allowed to judge from the prospects of the *Cincinnati College of Medicine and Surgery*, the falling off will not be very great at any point. We are well satisfied that the graduating classes will be, proportionately, very large.

as the army requirements cut off many of our practitioners who are not in possession of a diploma, and are thus marked, and, in many instances, classed by this judicious arrangement.

ELLSWORTH HOUSE.—This house is situated on the south east corner of Sixth and John streets. J. M. Dudley, proprietor, will do every thing he can to make his guests comfortable. We have made arrangements with him for the accommodation of students who may visit Cincinnati to attend lectures at the *Cincinnati College of Medicine and Surgery*; they will be charged at the rate of \$3 50 per week till further arrangements can be made. We advise all who go in for economy to stop at the Ellsworth House.

SURGICAL OBSTETRICS.—A committee was appointed by the Ohio State Medical Society, to report on the use and value of instruments used in obstetric practice. We would suggest to those who may have invented or modified such instruments, to forward a description of them, with such comments as may be deemed proper, to Dr. M. B. Wright of Cincinnati, chairman of said committee.

DR. COMEGYS.—For the information of such of our readers who may not have understood the import of the article appearing in the last number of this journal, in which, in announcing the appointment of Dr. Comegys as trustee to the Longview Lunatic Asylum, an increase in the price of some articles of medicine was predicted, we desire to state that nothing but a little pleasantry was intended to be indulged in, in consequence of the high esteem in which that gentleman holds those remedies as therapeutic agents. We apprehend that but few, if any, put a wrong construction upon our (junior editor's) meaning. *

Cliquery.

From observations of our own, and from the detailed experiences of others, we have become satisfied that there is nothing that exercises a more prejudicial influence upon the interests of the medical profession than *cliquery* in its ranks. Quackery and other external causes may hinder and embarrass its progress, like an outside foe may diminish the *expansiveness* of the prosperity of a people; but if no inward discords exist, if harmony and good feeling, and an unselfish love for itself pre-

vails throughout its members, it will, notwithstanding, maintain its position, and command the respect due it, even as a people will preserve their integrity and retain their status so long as they are free from strifes and contentions among themselves. But cliquery, like a canker, eats and destroys the very vitals of the profession. It is an enemy that has got within the stronghold, and instead of increasing its strength and enlarging its boundaries, it is engaged in sapping its very foundations.

Springing, as it does, from the grosser passions of man's nature, and nourished by selfishness, it is ugly in its appearance, forbidding in its aspect, and contaminating in its influence. A moral leprosy, it is unclean in itself, and renders unclean all that touch it, and so encroaching in its nature that it spreads itself, but insidiously, over everything within its reach.

Noble and exalted as the profession of medicine is, we would have presumed that it would have escaped this monster. But, nevertheless, it has a place in its midst, and seems to be nourished and grow strong in an atmosphere that we would have thought would have poisoned it; and melancholy though the fact be, there is no alternative left us than to gird on our armor, and endeavor to drive it from its quarters. Oh that we had its head beneath our heel, we would grind it to powder and cast it to the breezes that it might be blown to the four quarters of the world! No longer, then, should it drag its slimy body about, withering and blighting everything with which it comes in contact.

In the medical society, in consultation, in the social circle, in the meeting on the street, do we see this blight upon the profession prevailing. Men bearing the title of physicians, professed votaries of science, unmindful of their high calling, and impelled by sordid motives that they should be strangers to, enter into combinations by which they may advance their own selfish interests, and attain to positions that their own inherent weakness would otherwise have forbidden them ever to aspire to. Indeed, we have heard of secret conclaves being entered into for such base purposes; and we have lately understood that one such is now in existence in this city. We would hope, if possible, that it is not the fact; for we can conceive of nothing more repugnant to every pure and upright feeling, than to behold men whose business it is to administer to the sufferings and alleviate the distresses of their fellow man, gliding along at night through some unfrequented thoroughfare and darting into some dark recess that they may meet companions equally as regardless as themselves of every high toned moral sense that should characterize them, and devise cunning schemes by which to cheat merit out of her due, and feed their own vanity with the fruits belonging to her.

Union is strength; and especially is it powerful when employed for

dishonorable purposes. No class of men seem to appreciate this power it possesses so well as those who are laboring exclusively for their self-aggrandisement. Every lever, pulley, and tackle belonging to it is made use of by them, and systematically worked that they may hoist themselves into undeserving places; and when they have attained their goal, not content, and with the hope of strengthening the insecure foundation on which they stand, for fear it may crumble from beneath them and let them fall, they throw obstacles in the way, and endeavor to impede the progress of those who are trying to ascend by the difficult but legitimate road, depending upon their own strength. Generosity never characterises selfishness even after it has obtained its object, and he who hopes that any of its subjects may regard his merits, and extend a helping hand, must hope in vain. Yea, he may hope until his heart grows sick, and still no help will come.

What can be the result of this prostituting the purposes of this our profession, the noblest science that ever existed, but despoiling it of its dignity, crippling its energies, and diminishing its usefulness; making it, from being an object of esteem and reverence, a thing of contempt and abhorrence. The higher the pinnacle from which an object falls the deeper it sinks in the ground beneath; so the more exalted any calling in life may be, the lower will any of its members sink in the sea of corruption which surges beneath, endeavoring to undermine, as it were, their position, if letting go their hold upon the high purposes of their profession, they fall within its waves. The science of medicine having underlying it those highest and holiest principles which have for their object the amelioration of man's bodily sufferings and the maintenance of that health upon the preservation of which the very enjoyments of life depend, would necessarily, if its principles were not perverted to base purposes, cast such a lustre upon the profession built upon it, that it would shine as the noonday sun, and its effulgence would command the admiration of all; the afflicted would seek the healing of its rays with confidence in their efficacy, and would ever regard it with gratitude.

Would that physicians were ever mindful of their high calling; would that, laying aside all selfishness, they had an eye single to the advancement of their profession. Cliquery, then, would no longer have any room in its ranks—merit alone would be cultivated by its members, and would, in due time, meet with her reward. The unworthy, who had succeeded in getting within the portals, meeting no favor, would seek more congenial quarters, and thus, free from the weight of incumbrances, it would mount to the position belonging to it. Let us hope, that *in time* to come, our fondest hopes and chief desires, in this respect, will be realized.

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MEDICAL AND SURGICAL NEWS.

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MISCELLANEOUS CONTRIBUTIONS AND SELECTIONS.

For the Medical and Surgical News.

Hyperæsthesia Vagina.

BY E. PEGAN, PAW PAW, IND.

Believing the above disease to exist in a great many more instances than the profession at large are aware of, and that by proper inquiry and close observation, we may render relief to a large number of females who have suffered for months with it, and who will suffer for months to come, I have been induced to give you the following case together with the treatment, which has always been successful in my hands—giving relief in from six days to two weeks, owing of course to the length of time the disease has existed and its severity. The symptoms I have mostly observed are those usually attending leucorrhœa; for with almost every case there has been more or less discharge from the genitals; and, indeed, I am led to believe, that leucorrhœa of long standing is one of the most efficient causes of it, although there are numerous others of which I will not mention. Sometimes there are very grave complications, such as partial atresia, prolapsus uteri, ulcerations of the mouth and neck of the uterus, together with various other forms of chronic diseases. My experience has been, that females of a scrofulous diathesis are more subject to this complaint than others, though all are more or less subject to it when exposed to the exciting causes.

The following case is of interest to me, as I have never met with the same complications, and, because it shows how effectually the disease may be removed when a judicious course of treatment has been adopted. The following is a copy of notes taken at the time.

Aug. 1. Called to see Mrs. H., aged 24. She says she was delivered April 1st of a still born child. For several years before she was married, she suffered from leucorrhœa, but never did anything for it except using such domestic remedies as she had at hand; that from the time

she became pregnant, (it being the first) the discharge stopped on her, and up to the time of delivery her general health was better than it had been for years; but so soon as the lochial discharge ceased, the leucorrhœa was set up, and has not ceased more than three days at one time until the last three weeks. She says that about four weeks after delivery, she noticed some considerable tenderness about the vagina, and that it had increased ever since that time. Symptoms to day are as follows:

Pulse 110; tongue heavily coated in the centre, tip and edges very red; high fever; skin hot and dry; severe pain in the head; also sharp lancinating pains through the vagina; thin sanious discharge, very offensive. Digital examination revealed the closure of the vagina to such an extent as to almost entirely exclude the finger. Pain excruciating attending the introduction; but by persisting found the constriction to extend only about three-fourths of an inch back. Beyond this the canal seemed to be of the normal dimensions, but excessively tender, as was learned by moving the finger round against the walls. The os uteri was very much enlarged on one side—there being there a tumor about the size of a large hazel-nut—very hard but not tender. On withdrawing the finger about five or six ounces of dark colored fluid passed off—patient expressing herself much relieved by its discharge. She states she did not have her catamenial discharge at the proper time, although she felt the same symptoms usually attendant on that event.

Whether or not the fluids that escaped after the examination were the menses, I leave for the more experienced to determine. My opinion is that they were; but owing to the closed condition of the passage they could not escape.

I neglected to say that the patient had a severe chill yesterday, and fever following it. She evidently was suffering from biliary derangement. Prescribed

R Calomen, gr. xx.
Dov. Powd. gr. v.

to be followed in five hours with castor oil and turpentine if the bowels were not moved once or twice freely. Also

R Belladonna ext. 3ss.
Lard, 3ss.

mix thoroughly together, and apply to the constriction. Cold water to the head and drafts of mustard to the feet.

Aug. 2d. Better; physic operated well; no pain in the head; tongue somewhat clean; skin moist; slept well; not so much tenderness. More dark colored discharges from the vagina, with less fever. On digital examination, found constriction much relaxed, but vagina tender, and the indurated portion of the uterus was much less. I prescribed the following:

R Quinine, gr. xij.
Dov. Powd. gr. x.

mix; divide into six powders; take one every two hours. Continue application of ointment.

Aug. 3d. Better; had no rise of fever yesterday; slept well; not so much pain; less tenderness, except at one certain point. On examination with a bivalvular speculum, I found a dark colored spot, the size of half a dime, on the left side of the vagina, which had the appearance of sloughing; cauterized it thoroughly with nit. sil. Directed the ointment to be applied as before.

Aug. 4th. Better; has no pain in the parts at all; very little tenderness. Discharged the case.

It has now been one month since I saw and treated her, yet she has had no return of either the leucorrhœa or hyperæsthesis. I will state here that I have prescribed for a good many similar cases, and in no one has the belladonna ointment failed to relieve the tenderness. I am well acquainted with a professional brother who stated to me, some time ago, that he always failed in giving relief to those cases until he used the ointment, since which time his success in that direction has been complete.

If these few disconnected remarks, through your valuable journal, will incite any one to give this disease any additional attention, my object will have been attained.

For the Medical and Surgical News.

Cases in Medical and Surgical Practice.

BY G. P. HACHENBERG, M. D., COXSACKIE, N. Y.

8. ACUTE RHEUMATISM SIMULATING PLEURISY.—Mrs. J. V. L. of this place, aged 30, had a cough, with lancinating pains in the shoulders, pectoral muscles, and dorsal region of the back; fever; tongue coated; bowels constipated. Differential diagnosis only decided by auscultation and percussion.

Treatment: Administered in the evening an active cathartic of calomel and bicarbonate of soda, which moved the bowels, freely, three times the next morning. She was then put on Dr. Lange's prescription, with the happiest effect.

R Sulphate of Quinia gr. v.
Digitals gr. j.

M

Taken four times daily at proper intervals. After taking the medicine twenty-four hours, a slight metastasia of the complaint manifested itself in one of the ankles. She became convalescent after taking the powders a few days.

9. FOREIGN BODY IN THE LEFT POSTERIOR NASAL FOSSA.—Master Mayo while eating an apple, in a fit of laughing, got a part of it imbedded in his nose. By probing found it firmly imbedded about two

thirds the distance of the length of the meatus, from the external opening. No reasonable force applied to it, by the bougie, would disengage it. I prescribed an errhine of veratria thoroughly rubbed in *orris wot*. The effect of course was prompt in producing violent sneezing, which eventually disengaged the foreign body, which was thrown with considerable force through the nasal opening, much to his relief, and gratification of his friends.

10. ARTERIAL HEMORRHAGE.—J. W. ran a cutting instrument into his hand, and cut the palmer arch. Before I saw him efforts were made to control the hemorrhage by compression, but only with partial success. Previous to the time of seeing this patient, I came to the conclusion, that the first case of arterial hemorrhage that would present itself, that was not controlled in any other way but by the ligature, I would treat it by a plan of my own, I thought would prove superior to the ligature, particularly of small arteries. The two bleeding openings were exposed, and stuffed with loose saddler's silk, by the aid of a delicate probe, leaving the ends exposed outside of the wound for its subsequent removal. The bleeding was arrested, and the wound dressed in the ordinary way. On the following day, I made gentle traction on the silk, and had no difficulty in taking it away. No hemorrhage followed, and the wound united, under the water dressing by the first intention. It is obvious that the stuffing must be done with some system, so as not to entangle the thread in the packing. The depth of the packing depends upon the size and location of the artery. The great object we have in arresting arterial hemorrhage by this method, is to rid the wound as soon as possible from a source of irritation, which ligatures cause, and thereby induce an earlier healing of the wound than would otherwise occur.

11. CHRONIC PHARYNGITIS.—R. W. aged 25, had a sore throat for two years. There was follicular inflammation with a rough looking indurated condition of the mucous membrane. The remote cause of the complaint appeared to be of a gastric nature. Attention was given to the stomach, and the argentine treatment enforced on the throat. We failed in making a favorable impression upon the disease, and therefore changed our local treatment by using a daily application of the tincture of iodine, with prompt relief to the patient.

12. FRACTURE OF THE LEG.—R. W. aged 88, fractured his leg about six inches above the ankle joint. We applied the double inclined splints, with cold water and liquor dressing. He being of a good constitution did pretty well for the first two weeks, but after that he manifested symptoms of sinking. As there was no pain in the limb, I ascribed the constitutional depression more owing to his restraint posture, necessary to the treatment of the fracture, than to the injury of the leg. I took off the splints and found some sloughing over the seat of the

fracture which was comminuted. We now substituted for the splint the French plaster of paris bandage, leaving an opening over the sore, to enable us to dress it daily. He was permitted now to select any posture, to use his limb fearlessly, and even to get out of bed. These privileges gave him great relief, and under quinine, wine and good diet he rallied, and ultimately got well with a good leg.

13. FRACTURE OF THE NECK OF THE FEMUR.—Mrs. M. aged 80, fell on her right knee and broke the neck of the femur of the same side. She took the responsibility upon herself, in declining to be treated by splints. I did not feel to have it otherwise, taking into consideration her age, the danger of a long restrained posture, the probability of not having a Mussey's success in securing a bony union. I simply kept her in a comfortable position, in, and out of bed, and at times gave her such medical treatment as we thought necessary. In about six months she was able to go about, nearly with her usual locomotion, with a shortening of the leg (which we promised her) of about two inches. She and her friends were satisfied with the results of the case, and indeed so was I.

14. CONICAL CORNEA.—P. C. aged 20, has had a conical cornea of the left eye for the last several years. The pressure was evidently from within the vitreous humor, forcing the lens against the iris. There was some internal inflammation, with the iris in a tonic contraction. I had in contemplation to perform the operation of iridotomy, but owing to the presence of inflammation, and fearing adhesions between the lens and the iris it was abandoned. Therefore I proceeded to meet the indications of the case, bearing in mind the leading principles which involves the beneficial effects of that now somewhat fashionable operation. I resorted to *paracentesis oculi* as performed by Desmarres, to get rid of the intra-ocular pressure. The patient was now put on the constitutional and local treatment of belladonna, to lessen the field of the iris by dilatation, and thereby secure in a measure, what is gained by the operation of iridotomy, that is equalizing the pressure of the cornea. We are in progress with the case, and so far the treatment promises well.

15. AMPUTATION AT THE THIGH.—I. O. C. aged 50, from Valatia, had necrosis of the bones of the right leg, as he says, for forty years. When a boy he was operated upon for the removal of a sequestrum, but it failed to give him permanent relief. For the last three years he had a very large and painful shin ulcer, which caused great constitutional suffering and kept him confined mostly to the house. Last January I was requested to see him, and found his health so much wrecked by pain and the abuse of opium, that I had but little hope for his recovery. The bones of the limb were completely severed by necrosis, the leg

lying, like a broken limb, at a right angle by his side. He was much emaciated with a quick feeble pulse. The stench of the limb was almost intolerable.

I proposed amputation as the only chance for saving life, to which he reluctantly consented. I put him under the constitutional treatment of Dr. Tallmadge of this place for a week, and then operated upon him, after putting him under the influence of chloroform, by the ordinary flap operation. After the amputation he was well sustained by stimulants, tonics, and nutritious food, and ultimately recovered perfect health.

What was particularly interesting in this case, was the almost hopeless condition of the patient, when we put him on the operating table.

16. MORTIFICATION OF THE LEG.—In the vicinity of a neighboring town, I was called in counsel in a case of mortification of the leg of a boy, resulting from extensive injury. Previous to my seeing the case, different counsels had discussed on the propriety of amputation. As the boy labored under great constitutional depression, it was not considered expedient to amputate, and this was the position held likewise by my counsellors. My opinion was, that the mortification was the main cause of the depression, and by immediate amputation, the boy would rally, and in all probability recover. I based this opinion upon the character of the depression, which was stationary, not sinking. However the point was warmly argued by them, that the patient would not live through the operation. I considered myself not convinced to that effect and parted with my medical friends, saying, if he was my patient, I would not delay the operation three hours. By some means my opinion was communicated to the friends of the patient, and they became the arbitrators of the case with their physicians, by insisting that the leg should come off or else they would be discharged, and place the patient under my care. The leg was amputated, the boy rallied and got well.

17. STRANGULATED INGUINAL HERNIA.—Dr. S. of Stuyvesant Falls, requested me in connection with Dr. March of Albany, to operate on a patient of his for strangulated hernia, which had existed twenty-four hours previous to our seeing him. He was put under the influence of chloroform, and the usual operation for that formidable complaint was performed. The omentum and mesentery looked dark and ominous, however we could detect no putrefaction, and they with the gut were returned into the abdomen. Immediately after the operation the patient felt very much relieved, but he died on the fifth day after the operation from the effects of internal mortification.

For the Medical and Surgical News.

Proceedings of the Eaton Medical Society.

BY R. WALLACE, M. D., REC. SECY.

At the appointed time, 2 o'clock P. M., July 9th, the Eaton Medical Society convened at Lewisburg. The president in the chair and the house in order, the names of the members of the society being called, the following answered to their names: Drs. Crume and Woody, (of Eaton,) Drs. Hill, Huggins and Lindsay, (of West Alexandria;) Drs. Wallace and Ebersole, (of Lewisburg;) and Dr. Tobey, (of West Baltimore.) All other members absent. By the invitation of some of the members of the society there were present a number of literary and scientific gentlemen.

The business before the society was announced as follows: 1st. Report of the society's delegates, Drs. Wallace and Haggot, to the Ohio State Medical Society. 2nd. An address by Thomas Wallace, A. M., on the Relation of the Natural Sciences to Medicine. 3rd. Miscellaneous business. Dr. Crume moved that the delegates to the Ohio State Medical Society present their report—motion carried. Dr. Haggot not being present, Dr. Wallace proceeded to give a verbal report. Moved by Dr. Crume that the report be accepted—carried. The following resolutions were presented by one of the society's delegates at the Ohio State Medical Society, all of which received the unanimous vote of the society, except the last, which was laid on the table. We call the attention of the members of the medical profession to the spirit of these resolutions.

Resolved, That it is the duty of each member of the Ohio State Medical Society, to use all his influence among his professional brethren, in the county in which he lives, to induce them to organize and sustain a county medical society.

Resolved, That it is degrading to the medical profession and dishonorable to the Faculty and Trustees of a medical college to confer honorary degrees on men who are so ignorant of literature and medical science that they cannot become members of the county medical society in which they live.

Resolved, That when the Faculty of a Medical College ascertain, that by being deceived, they have conferred an honorary degree on an illiterate individual, who is daily guilty of gross unprofessional conduct, it is the duty of the Faculty to revoke it.

Resolved, That it would be an advantage to the members of the Medical Profession, Medical Societies and Colleges, if no more honorary degrees could be obtained.

These resolutions received the approval of the members of the Eaton Medical Society.

Dr. Woody moved that Mr. Thomas Wallace proceed to deliver his address—carried.

Mr. Wallace in his address paid special attention to medical education. He insisted that no young man should be received as a student of medicine, who, at least, was not in possession of a good English education. He proved to a demonstration that it would be an advantage to the medical profession, and better for the people, if all students were required to have a classical education, that being of vast importance to prepare the mind for the understanding of Natural History. He next went on to prove that the man who understood Nature's Laws, or the principles of Chemistry, Botany, Zoology, Acoustics, and Astronomy, is the man, who, in the first place, is capable of knowing what can be done by remedies and medicines, and in the second, knows how to use means to prevent, palliate, or cure. He also dwelt to a considerable extent on Metaphysics—pointed out the controlling power of mind over matter; even to the controlling and curing of disease in a number of cases.

Dr. Crume offered the following resolution which was adopted by the society.

Resolved, That the thanks of this society are due, and are hereby tendered to T. Wallace, A. M., for his interesting address.

Dr. W. H. Matchett, of Dark County, presented himself for membership and was recommended by the censors and was unanimously elected by the society. In like manner Dr. Ford, of Eaton, became a member.

Dr. Woody moved that a committee of two be appointed to report at the next meeting of the society, on the causes for the increase of Tubercular Consumption. Drs. Crume and Woody were appointed that committee. The society adjourned to meet at Eaton on the 10th of October at 10 o'clock A. M.

For the Medical and Surgical News.

Successful Operation for Imperforated Anus.

BY H. E. GARRETT, M. D., THORNTOWN, IND.

On the 31st of July last, I was called in consultation with my friend, Dr. Reagan of Resses Mills, to operate for atresia ani adnata. The patient was a male child twenty-four hours old, of healthy and perfect formation, except the absence of the usual anal opening. As this was a case that would not admit of delay, we proceeded at once to operate, by placing the child on the lap of the nurse, and with the point of a bistoury making an incision to the depth of half an inch. A probe was then easily introduced and the gas was heard to escape from the rectum. We allowed the child to rest until the next day, when the orifice was en-

larged and warm water injected into the intestine which soon returned bringing with it the meconium. Instead of leaving a calma in the orifice, we continued to use the syringe two or three times a day until the wound was healed. The child is now a month old and doing well; the artificial anus operating with entire satisfaction.

The Chemical Treatment of Disease.

BY C. B. HALL, M. D.

The short time I can spare for an essay could be readily occupied in naming the different hypothesis advanced for the explanation of the *modus operandi* of medicines, all at variance with one another, all failing when put to the test of practice, and yet none without some grounds of physiological truth for their foundation.

I propose, therefore, that we leave as we found them those sound principles of nosology that have stood already the experience of men of learning and thought, and devote a few minutes to the consideration of Liebig and Muller's opinion that inflammation is an oxydized state of the proteine, and that all disease is the result of disarrangement of the affinities of particles, and see how far a chemical treatment may serve as an adjunct to a regular course of medicine. We do know of strange animal changes constantly attending the animal economy. Thus, in the normal state, the gastric juice, the almost first stage in nutrition, is acidulous, while the blood, the result of this digestion, is alkaline. Again, we have the secretion from the liver, the largest secreting organ in the body, with an alkaline base, while the product of the no less important organs, the kidneys, is uric acid. We have also the oleaginous and albuminous secretions, the representatives of nitrogen and carbon, as we find others of oxygen and hydrogen, the two other elementary principles of all organic compounds. This in the healthy state. How innumerable the effects of their slightest variation in disease! not acknowledging the theory that this constitutes disease, but simply viewing them as coincidents and their regulation as concomitants.

Take, for instance, the simplest form of congestion, or perhaps more properly, torpor of the liver, found in the moderate drinker, particularly the beer-drinker, and more particularly when in moderation he has taken a little extra, with a few glasses of spirits; you find the tongue coated with heavy white fur, the gums pale and the fauces dry, the patient complaining not so much of constipation of the bowels as a difficulty in passing what he calls a gummy, sticky sort of substance, which clings to him with a tenacity almost immovable, and of a dark green color, with little odor, and attended by smarting, but no pain. The usual remedy for this is blue pill and black draught, or, as an old friend of mine in the country takes, ten grains of submurias hyd., followed by salts and senna. Chemically this is an acidulous excess, both in stomach and liver, and ten grains of carbonate of soda to act on the stomach, and ten of bitart. potass. to neutralize the hepatic secretion, in a glass of cold water, will often effect a cure in a few hours.

One of the most troublesome attendants of bilious as well as of infantile remittent fever, is the constant passing of green bile with mucus, showing its irritating effect on the membrane, thus provoking the feb-

rile action and otherwise retarding the cure. I do not mean to say that liq. potass. or any other preparation of that alkali will cure bilious fever, but there is no doubt their use will correct this abnormal secretion, and by doing so will thus effect one of the most important indications.

On the treatment of dysentery or diarrhœa, or whatever name you give to the various bowel complaints of children, you find a double action, or one extreme running into the other. If you are consulted in the early stage, you find the tongue slightly coated, but white, appearing as if the child had just taken a drink of milk. The stools green, somewhat painful, but not frequent, etc. This is usually treated with antacids, as hyd. c. creta, with creta c. opii comp., or carb. soda, so that I have no particular point to call your attention to. But what is far more likely, you do not see the case till various pills and potions have been administered by too confiding parents, suggested by too-knowing neighbors, *whose children have been just exactly the same*, and cured by the far-famed remedy. You find the tongue coated in the centre with a dirty white, inclining to brown, the tip and sides red, the fauces, gums and lips of the same color; a painful expression of countenance, with a whining, feeble cry, constantly picking the lips or ends of its fingers; stools more frequent, of the color of the coating of the tongue, more painful before each motion, and increasing in frequency, etc., and you will invariably find an alkaline reaction, the stools often effervescing with nitric acid. Whatever course of treatment you would suggest, you will find its efficacy most wonderfully advanced by an acid accompaniment, such as tr. ferri muriatis. Or still further, you might find the eye sunken, with a dark areola; skin something of the color of the tongue; flesh full, but flabby and doughy, with other strumous indications. Here is an opportunity for a double chemical action. Feed the child on starch, and give diluted nitric acid. You will not only furnish the best nourishment, and counteract the excess of alkali in the system, but nitric acid converts the starch into oxalic acid, than which no other remedy appears to have more specific power over the strumous diathesis.

Take another familiar example with children, one in which you have no doubt been sorely tried, and wished, like the patient man of old, "your enemy would write a book" on it. A child at breast—the mother, strong and healthy, eats her meals with relish, has plenty of milk for the child, even more than it requires. This you find, on standing in the glasses, rich, and covered with thick, almost buttery cream. She tells you the child nurses freely, and throws it up without any curdling. Bowels inactive for a few days, then three or four motions a day for a few more. Pulse feverish, child pale, fretful, crying and whining constantly. Here is a case of infantile indigestion, tending to cachexia. You prescribe infusion of cinchona, or some tonic, but without avail. Chemistry says, if you give that child sugar, it will convert the casein of the milk into lactic acid, the natural gastric juice of the child, and experience confirms the magical effect.

A white tongue is not a characteristic of pneumonia (I mean a clean white, like milk, distinguished from the snow white of inflammation;) *but your experience will call to mind many cases of this formidable disease with this anomalous attendant, and its no inconstant fellow symptoms of an acidulous action, the discharge of green bile. The chem-*

ical treatment in this case is to combine liquor potassæ or bi-tart. potass. with your other remedies.

Rheumatism has been so frequently associated with excess of acid, that theorists have, for a few years past, laid down an alkaline course of treatment—but that excess of acid in the acute, or of alkali in the chronic, is symptomatic of the disease, I utterly deny. And here, in an opinion at variance with such a name as Golding Bird, let me ask if your own observations will not join me in the assertion that there is a marked difference between rheumatism in Europe and rheumatism in Canada, particularly those of you who have had an opportunity of seeing cases in the hospitals of London as well as this country. Nothing struck me more forcibly. Not to detain you with the question just now, I may allude to the well known fact that in England the chronic form tends to rheumatic gout, while in this country it assumes the nature of palsy. However, that the excretions in some cases, and often in certain stages of the same case, will acknowledge the test of alkaline and acid excess respectively, I think I may safely state as proven; hence it is our duty to seek out the admonitions that chemistry suggests, and govern ourselves accordingly.

The powerful antiseptic and disinfecting effects of chlorine have been long known, but until the accidental discovery of chloride of potassium, a few years ago, the different forms in which it was necessarily administered contained objections commensurate with its advantages. This salt is free from any of the difficulties of former preparations. Not so caustic for local use as chloride of lime, and more effective than the chloride of sodium, it imparts its chlorine readily, and leaves the potass. as mild a caustic and gentle stimulant as could be wished—and whenever it has been applied to the foetid and indolent ulcers, the whole array of yeast and charcoal and other carbonaceous applications have fled from it in confusion. In that modern and most dreadful disease, diphtheria, there appears to me to be no safety in any other remedy. This is a malignant fever with putrid sore throat, the whole lining surface of the fauces and pharynx throwing off a false membrane, which again immediately forms attachments in places, and thus hastens dissolution by a mechanical obstruction. Gentlemen, whose opinions I cannot but respect, still place their trust in the nitras argenti; but its application is very difficult, as it should touch only certain places, and its effect uncertain, while two or three free applications of the chloride of potass. with a sponge, will almost completely remove the local difficulty, and leave you a fair wind and an open sea.

Thus I have viewed chemistry only as an adjunct or a chief assistant at our labors; but as we rise in the scale of disease, and find, as we do, our difficulties increase and our skill more at fault, we may be induced to look to this science as the polar star in our distress, and the guiding spirit to carry us through the storm. To include under one general term, the different disorders of this kind, such as albuminuria, tuberculosis, phthisis, etc, I will speak only of scrofula or general cachexia, and of course will not attempt any minutiae of detail.

We find an excess of fluid over the solid part of the body, as well as deficiency of fibrin or muscular fibre, and often total want of some important constituents of health, such as phosphorus and sulphur. Or we have excess of hydrogen, with loss of nitrogen. On the use and distribution of these two elements depend, almost solely, our hopes of cure,

simply using carbonaceous and oxygenated substances as nourishment, to keep good the supply and preserve the waste, until we can effect a change in the other ingredients. That chemical changes do not take place with the same certainty and regularity of the system, influenced by vitality, as in the alembic and under our observation, I am willing to admit; but that these changes are, more or less definitely and correctly effected while circulating in the blood, I think can be as clearly proven. As an instance, and as it constitutes a most important part in our curative process, give, for a few days, cod liver oil with phosphate of lime, and you will detect the dumb-bell crystals of oxalate of lime in the urine. Now, this can only be effected by the change of carbonic acid and carbonic oxide into oxalic acid, which from its stronger affinity sets at liberty the phosphoric acid and unites with the lime. This change is very easily produced in some part of the transit throughout the circulation.

Raw beef, pounded to shreds, has of late received the approval of the London and Continental Hospitals, as food in these cases upon physiological reasons, particularly its ready transformation with little effort of nutrition to the much needed fibrin*—but we also find that the pounding divests it of its cellular substance or cellulose, which is composed of hydrogen and oxygen in the exact proportions to form water. So the three, carbonic, oxalic and tartaric acids, to which so much importance has been attached, contain, two of them none, and the other a very small portion of hydrogen, which may materially check that ready solvent from carrying some of the most important solids out of the system. I cannot agree with the one-man power of Dr. Churchill, about the use of hypophosphites, but have no doubt of their most important efficacy when combined with cod-liver oil so as to produce the chemical transposition before mentioned.

The chemical indications of cure, therefore, consist in the proper regulations of hydrogen and nitrogen. The first by keeping from the system all such articles of diet as contain the elements of water, and using for medicines, like medical compounds, the few acids I have named. The second by conveying into the system as much as possible of substances rich in nitrogen. Of these the principal are nitric acid, nitrate and cyanide of potass., and the different preparations of ammonia, the chief of which is the muriate—with such articles of diet as are confined to caseine of milk, albumen of egg, and fibrin from beef and mutton.

Fruit, often highly recommended, derives its principal advantage from the long mastication required, causing a greater quantity of atmospheric air to be conveyed to the stomach with the saliva.—*Pacific Med. and Sur. Jour.*

Treatment of Uterine Inflammation by Nitrate of Silver and other Substitutives Agents.

BY E. J. TILT, M. D., M. R. C. P.

In using these agents, we apply the general principles of therapeutics to the treatment of inflammatory affections of the womb and its as-

*Mr. Hall certainly does not mean to say that fibrin and muscular fibrin are one and the same thing?—Ed.

associated organs. The utility of a solution of acetate of lead in inflammatory affections of the skin implies similar utility in inflammatory affections of the vaginal mucous membrane; the utility of solutions of borax and of chlorate of potash in affections of the mouth pointed to their trial as vaginal injections; the utility of sulphate of zinc and nitrate of silver in urethral strictures demonstrated by J. Hunter, Sir E. Home, Lallemand, etc., suggested their employment in uterine catarrh; the sovereign utility of the solid nitrate of silver for the cure of cutaneous ulcerations caused it to be tried in ulcerations of the womb. To whatever mucous membrane these agents are applied, they act in the same way—they substitute a therapeutical irritation, susceptible of being graduated to a morbid irritation, which might uncontrollably compromise the structures attacked—a temporary irritation to one that tends to become permanent.

In treating of injections, I have already enumerated several agents which act in this way, such as borax, chlorate of potash, acetate of lead, alum, sulphate of zinc, etc. They are generally given largely diluted, but if used in a solid or a highly concentrated state, the action of these agents would be analogous to that of two other important agents, nitrate of silver and tincture of iodine, which are called caustics by courtesy, but are no more caustics than tincture of cantharides. I wish it to be clearly understood that I hold these agents sufficient for the surgical treatment of uterine inflammatory diseases in the large majority of cases, and so does Dr. H. Bennett, although it has been stated that we use strong caustics in ordinary cases of uterine disease. In a comparatively small number of instances, the structures of the womb have been too deeply modified by inflammation or by hypertrophy, and are in so low a state of vitality, that the above-named agents are insufficient to bring about the cure of disease. Then I have recourse to another class of substitutive agents, which are undoubted escharotics, for they cause a loss of substance proportionate to the amount of caustic used. Those caustics induce healthy acute inflammation in the tissues underlying the eschar, and, by judicious management of this healthy inflammatory action, the cure of chronic cases is often induced.

The caustics of which I shall treat are, the acid nitrate of mercury, potassa fusa cum calce, potassa caustica, and the actual cautery. At first sight it may seem strange to class together sulphate of zinc and potassa fusa cum calce, but one is justified in doing so, because the substitutive action which I ascribe to a solution of sulphate of zinc is pre-eminently shown in the results of potassa fusa cum calce, which often so raises the vital endowments of the uterine tissues as to promote rapidly healthy nutritive action in tissues which had been diseased for many years.

Such is my mode of practice, and I am glad to find that it accords to a certain extent with the practice of all whose opinion carries weight, and who, having in vain tried to cure uterine disease by nitrate of silver or milder measures, have recourse to one or the other of the strongest caustics. Dr. Fleetwood Churchill depends on nitric and muriatic acids, and on the acid nitrate of mercury, which is also preferred by Dr. E. Kennedy and by Dr. West; and although this distinguished pathologist considers ulceration of the cervix to be a condition of slight pathological importance, when he has to trace out a plan of treatment for his pupils, he has none other to propose than that already long ago care-

fully laid down by Dr. H. Bennet. The late Dr. Rigby, though adverse to the surgical treatment of uterine affections, admitted that there were certain cases of uterine ulceration requiring the use of potassa fusa or potassa fusa cum calce. Dr. H. Bennet prefers potassa fusa cum calce. This is not energetic enough for Professor Simpson, who uses potassa caustica: while the French strongly advocate a remedy older than Hippocrates, the actual cautery.

These comments upon the treatment of uterine inflammation will show that I am an eclectic, and that I use all the valuable agents which I have enumerated in certain cases which I shall specify. Again reminding the reader that I am not writing a treatise, I shall proceed to comment on the use of our principal substitutive agents.

Tincture of Iodine.—It is the ordinary tincture of the Pharmacopœia which I mean, not the caustic tincture. I shall be brief on this agent, having already mentioned it as a revulsive, and having compared it with others then under discussion. Tincture of iodine seems to act as an astringent when slightly applied to the hypertrophied or inflamed surface of the neck of the womb, but as a vesicant if several applications are made at one and the same time, and as a resolutive if re-applied every third or fourth day. It is much less useful than nitrate of silver as a topical application, but it suits better some idiosyncracies, and is well borne in diphtheritical inflammation, when nitrate of silver should not be used. The fact that a solution of iodine can be injected into closed cavities and fistulous passages without severely inflaming them, marks it out as the best liquid to be injected into the body of the womb; in the very rare cases requiring such treatment; for it has less frequently given rise to the alarming symptoms of peritonitis, which have very often followed the intra-uterine injection of a solution of nitrate of silver. I use one drachm of the tincture to an ounce of distilled water, and inject it by means of an instrument similar to that devised by Mr. Coxeter for injecting fluids into the larynx.

Nitrate of Silver.—"The application of nitrate of silver is a means, under certain circumstances, of subduing external inflammation. Might it not, on this principle, be of service in the treatment of the internal phlegmasia?" Such was the question asked by Mr. Higginbottom in the preface of his admirable little work on "The Lunar Caustic," published in 1826. His question has been answered in the affirmative by a great many eminent practitioners, who have applied nitrate of silver for the cure of inflammatory affection of the mucous membrane of the eyes, ears, mouth, throat, urethra, the intestines, and the rectum. As regards the mucous membrane of the genital organs, Dr. Jewel, in 1830, strongly advocated its use; and I have no hesitation in saying that this agent is quite as useful in curing the varied inflammatory conditions of the genital organs as in curing those of the skin. It is often necessary to preface the use of nitrate of silver by linseed tea, poppyhead, or other cooling injections, in the same way that Mr. Higginbottom repeatedly inculcates the utility of cold poultices previous to applying nitrate of silver to the inflamed skin. If, after antiphlogistic treatment, the solid nitrate of silver increases too much habitual pains, or causes the ulcerated surface to bleed for two or three days afterwards, it is well to try a solution of from forty to sixty grains of nitrate of silver to an ounce of distilled water. In many cases the solution is sufficient to effect a cure; it gives less pain, but it may be necessary to

repeat it every third or fourth day. Sometimes I use a solution of nitrate of silver containing one ounce of salt to two or three ounces of distilled water, as an application to ulcerated surfaces. Chronic uterine catarrh, or inflammation of the mucous membrane lining the neck of the womb, which has been truly called an open gland pouring out mucus from ten thousand follicles, seems to me the most frequent of all uterine diseases. Without having the slightest abrasion, the mucous membrane lining the neck of the womb and its vaginal surface may be of a dusky, livid hue, tender on being touched, and secreting pus. This condition may last for years, but it generally leads to more or less extensive denudation of the villi of the uterine mucous membrane, and gives an excoriated appearance to the neck of the womb. Such cases, with or without excoriation, can be cured by the nitrate of silver in solution, used every fourth or fifth day, with the occasional use of the solid nitrate. If the mucous membrane lining the cervix be principally affected, it is often so obstinate as to render the painting of it with the solution of little use. The solid nitrate must be freely employed, and when the cervical canal is unusually dilated, I sometimes leave about one-eighth of an inch in the canal; by which it will be clear that, so far as my experience goes, should the stick accidentally break in the cervical canal it need give no alarm. What cannot be removed will cause more pain, some loss of blood, and perhaps even a return of menstruation; but the patient may be repaid for greater suffering by a speedier cure. It has been stated by Nonat that this mode of treatment has caused stricture of the uterine canal in his practice and in that of Richet. I have never met with this accident, and I think its occurrence is to be prevented by the occasional passage of the uterine sound for a few weeks after this severe application.

With regard to the treatment of the various forms of ulceration of the neck of the womb, I can add nothing to what has been so well laid down in Dr. H. Bennet's work. Mr. Higginbottom, whose statements with respect to the action of nitrate of silver deserve the highest consideration, affirms that its action does not extend beyond three days after its application; and it is generally received that it is necessary to repeat the use of this agent so soon as the epithelial pellicle has fallen off, or every third or fourth day. In many instances this is the best way of insuring the most rapid recovery; but I do not recommend the too strict adherence to this precept, as it is often well to leave five, six, or seven days interval between the applications, or we might work as did Penelope, and retard the cure of the case. This, however, is a matter of surgical experience in each individual case.

Whether vaginitis occurs spontaneously or as the result of uterine catarrh, it is best cured by the injection of a solution of nitrate of silver. This is an excellent idea of Dr. Jewel's, but if the solution be sufficiently strong to do good it cannot be safely trusted to the patient. The patient being placed on her back, a small glass speculum should be introduced as far as possible, and an ordinary glass syringe full of a solution of nitrate of silver, containing forty grains to the ounce, should be injected. The speculum should then be withdrawn to the vicinity of the vulva, and the fluid should be left in contact from three to five minutes, after which the speculum is to be withdrawn, and the fluid received in a small cup. Sometimes I apply a speculum of appropriate size, and as I withdraw it I pretty freely touch the vagina with the sol-

id nitrate of silver diluted by chloride of silver, as prepared by Mr. Squire. This is a modification of a plan which is recommended by Ricord.

I recommend these injections where there is evidence of inflammation of the womb, with excoriations of its cervix, in virgins in whom the integrity of the hymen prevents the introduction of a moderate-sized speculum. This plan should be first tried before forcibly dilating or incising the hymen—an operation which is very rarely required. I have frequently made these injections in many cases, and I do not once remember having traced menorrhagia to their administration. I mention this as it seems to have often occurred in the practice of Dr. Fleetwood Churchill. So many serious accidents have followed the injection of the solution of nitrate of silver into the body of the womb, that I prefer using tincture of iodine in solution whenever intra-uterine injections may be required. In very rare cases of chronic internal metritis it may even be necessary to apply the solid nitrate of silver to the internal surface of the body of the womb, as well as to adopt other modes of treatment, for an account of which I refer the reader to my papers on the Treatment of Internal Metritis.*

In follicular inflammation of the labia, in eczema and prurigo pudendum, or pruritus both external and vaginal, a piece of cotton-wool should be soaked in the solution of nitrate of silver, and carefully rubbed for two or three minutes over the diseased portions of the skin and mucous membrane. I can speak with confidence of this plan, for I have lately cured several patients who have been suffering in this way for four, eight, and thirty years. When cases have lasted so long the pudendal skin looks and feels like parchment. It was so in the case of a lady in whom the disease had lasted thirty years, and I first rubbed in the solution every day, then every other day, then every fourth and fifth day, until the skin became soft and pliable, and the sleep was no longer disturbed by darts of pain flashing along the nerves. This patient was cured in three months, and has had no relapse during the last year.

I trust I have said enough in praise of nitrate of silver; but in many forms of uterine inflammation much more severe agents are required to restore the womb to a healthy state. This fact is admitted by so many authorities at home, in America, or in foreign countries, that I am surprised to find the contrary asserted by Dr. Meigs and Dr. Tyler Smith. After describing the evil effects of caustics in the treatment of uterine disease, the latter pathologist, in his work on "*Leucorrhœa*," (p. 203,) gives as his opinion that "there is no good which can be effected by the more powerful caustics which cannot be accomplished by the nitrate of silver, or by other means. It is true that by the prolonged application of the nitrate of silver loss of substance may be caused; but this is far less likely to occur with lunar caustic than with the more powerful escharotics. It is also true, that some practitioners apply the more violent caustics so lightly that they do not exceed the milder action of the solid nitrate of silver; but in such cases it would be quite as well to use the safer remedy where a caustic is required." And at p. 206, "In applying the nitrate of silver, the aim should be not to produce any slough or loss of substance." Thus it is clearly stated that the slight application

* *THE LANCET*, 1853, vol. ii.

of the strong caustics is tantamount to the full action of the nitrate of silver in like cases of uterine disease.

My experience, on the contrary, teaches me that nitrate of silver is no more a caustic than tincture of cantharides, as Mr. Higginbottom has long ago asserted. The distinction that Dr. Meigs draws between the antiphlogistic touches and the escharotic action of nitrate of silver, does not bear examination. Use it as you may the nitrate of silver does not cauterize. Leave it in the neck of the womb, it will cause more pain, loss of blood, and subsequent discharge, but no destruction of tissue, unless coagulate mucus mixed up with epithelial scales and insoluble chlorides of silver can be called such. Even when applied to a fungous ulcer, the slight loss of substance is rather due to the friction of a hard body on a pulpy than to the chemical combination of the neutral salt and the diseased tissues. A densely hypertrophied neck of the womb might be whitened with the solid nitrate of silver every fourth day until doomsday, without much reducing its bulk. Indeed I have seen such a plan of treatment injudiciously continue for a year or longer in a case of hystericalgia, the neck of the womb being healthy and of an average size, and the effects were rather astringent than caustic, condensing the tissues, narrowing the cervical canal, and rendering its dilatation necessary and difficult. Thus, while nitrate of silver may be repeatedly applied without inducing a loss of substance, the slightest application of the potassa fusa to the neck of the womb produces an evident loss of substance; and, therefore, the two agents, however applied, produce totally different effects in similar cases. This is a question of surgical therapeutics which can be decided by any experienced surgeon. Writing on the treatment of stricture caused by gristly thickening of the urethral mucous membrane, Mr. Wade records his twenty-five years' experience of the comparative advantages of nitrate of silver and of potassa fusa, and he states: "I cannot let this opportunity pass without again calling attention to the fact, that the effects of the argenti nitratis and of the potassa fusa admit of no comparison, as they are totally dissimilar; that the former, when freely used, from its tendency to cause adhesive inflammation, has often been found to increase the urethral obstructions, whilst the remarkable solvent powers of the latter have no such tendency."

The too free use of nitrate of silver to the inodular tissues of the urethra causes urethral stricture, as the too free use of the same agent to the cervical canal causes stricture of the neck of the womb, but without loss of substance. Indeed, if the whole range of diseases in which nitrate of silver is now used be passed in review, it will be found that it always acts by its dynamic, astringent, and antiphlogistic properties; whereas escharotics can only raise the standard of vitality of any given tissues by the previous destruction of their superimposed surface. I maintain, on the contrary, that there is one good to be done with the more powerful caustics which cannot be accomplished with the nitrate of silver; that is, to shorten the treatment of many cases in which it is at first judicious to try it. Ulceration of the neck of the womb, on a hypertrophic basis, may doubtless be sometimes cured by the use of nitrate of silver, but the treatment might be indefinitely prolonged; whereas it can be very much shortened by one or two applications of the acid nitrate of mercury or of potassa fusa c. calce. When the inner cervix is chronically inflamed, nitrate of silver may enable us to effect a

cure; but with that agent, however applied, cures are sometimes so tedious that it is well to resort to one or two applications of the acid nitrate of mercury or of potassa fusa c. calce. In fungous and varicose ulceration the nitrate of silver causes the surface to bleed profusely, and does more harm than good; whereas I find that in these cases the acid nitrate of mercury and the actual cautery stop the bleeding and promote a cure. I think it right to be sparing of caustics to the neck of the womb in pregnant patients; but I have seen cases similar to those described by Dr. Bennet in which it was necessary to stop an abundant purulent and bloody discharge from a large varicose ulcer, and I have done so with the acid nitrate of mercury after doing more harm than good with the nitrate of silver. So little are caustic agents and nitrate of silver interchangeable substances or therapeutical equivalents, that I find nitrate of silver in some cases to be positively poisonous, while potassa fusa c. calce conduces to recovery. In diphtheritic inflammation of the neck of the womb and of the vagina, nitrate of silver acts as a poison. In a case now under treatment there is a small patch of false membrane on the posterior lip of the os uteri, and around it are numerous ulcerations. Were I to touch them with nitrate of silver they would soon be covered with false membranes. Tincture of iodine would not produce this effect, neither would the potassa fusa c. calce; these, therefore, are the best means of curing this tedious complaint, of which I have seen two instances and Dr. Bennet three, and he would endorse what I affirm of such cases. Occasionally we met with cases like two I am now attending, in which an extensive superficial excoriation of the neck of the womb bleeds profusely, and for the following two days, even when only touched with the solution of nitrate of silver, which likewise makes the sore more angry. In such cases as these I have nearly effected a cure by dressing the wound with tincture of iodine or the acid nitrate of mercury.

The profession is more and more convinced of the great utility of caustics in many diseases; were it otherwise, surgery would be deprived of a valuable remedy, and the obstetric art robbed of the only means of curing the most distressing cases of uterine inflammation. Patients would thus have to drag on from year to year their weary load of misery, with the only hope that the cessation of menstruation, by putting an end to the physiological liability of the womb might also check its liability to inflammation.—*London Lancet.*

Injections and Irrigation of the Bladder.

BY D. D. SLADE, M. D., BOSTON.

Although the benefits to be derived from injections and irrigation of the bladder, in various morbid conditions of this organ, are by no means unknown to the profession, I feel confident that with us, at least, this therapeutic measure is not so generally employed as the beneficial results attained would seem to warrant. I propose to offer a few observations upon the history, object, and manner of using injections and irrigation in diseases of the vesical cavity.

I do not find that any special mention is made of injections or irrigation of the bladder previous to the early part of the last century, and then chiefly in reference to the solution of stone in this organ. At this

period Dr. Hales, of England, showed the possibility of passing a stream through the cavity by means of a double-current catheter. His experiments were made principally upon the lower animals. About the same time, a French surgeon, Dessault, recommended the use of the Bareges water, not only by the mouth but as injections into the bladder, for the purpose of dissolving stone. Gruithuisen, a German practitioner of much eminence, thought that the strength of the current directed against the stone, might be of no inconsiderable importance, and so proposed to carry a stream through his double catheter by a tube, communicated with a reservoir on the top of a two-story house. Dr. Butler, of Edinburgh, in 1752, made some experiments with lime-water, which plan was also recommended by Fourcroy, Berzelius and others. Amussat, Magendie, Leroy, Brodie and other practitioners, have done much, by their influence, to attract attention to this method of treatment of stone, and thus indirectly to introduce the use of vesical injections for other purposes.

Irrigation of the bladder, as a mode of treatment directed against the immediate disease of the organ, was, however, more particularly employed by Mr. Foot, of London, and this gentleman in fact may be said to have originated the practice. But it is to Civiale, that we are indebted, at the present day, for the safe rules and conduct which should govern us in the employment of means, which are far from harmless, when exercised by a careless or inexperienced hand. M. Civiale, in 1826, in writing upon lithotrity, advocates the employment of irrigation and injections of the bladder, particularly in the vesical catarrh of old people, a practice which has now, chiefly through his instrumentality, become fully established. In 1823, Cloquet highly recommended irrigation, and exhibited, before the Academy of Medicine, a patient in whom he had cured vesical catarrh by this means, making use of a double catheter. Since that period, this method of treatment of diseases of the bladder has been more and more resorted to, especially by English surgeons.

Irrigation of the bladder is more particularly to be employed in the treatment of catarrh, and combined with other means is a valuable auxiliary. It is particularly so, when there is a great abundance of thick, tenacious mucus present, and where there is an atonic condition of the muscular walls—preventing a complete evacuation of the urine.

It may also be directed against any existing local inflammation of a chronic nature, or when we desire to cleanse the organ from any deposits upon its mucous membrane.

The operation is to be performed with tepid water injected by means of a pint syringe, through a double catheter, with large eyelets to prevent any obstruction. By making use of a double catheter, a continuous stream may be thrown in, the fluid, mixed with the mucus and other matters, passing off by one tube as fast as it enters by the other. As to the temperature of the water used, there is some difference of opinion. Cloquet, Guthrie, Gross, Brodie and others, speak of tepid water as most beneficial, while Civiale and his school advise cold, as being better adopted to rousing the contractility of the organ. As a general rule, I should advise the use of tepid water in catarrh of the bladder, inasmuch as this most effectually cleanses the parietes of the organ of the mucus, which is often excessively ropy and tenacious; moreover it is more agreeable to the feelings of the patient. Cold water may be employed,

as Civiale recommends, when the bladder has lost its powers of contracting to its normal degree, and where the mucus is not abundant. Various substances may be added to the water used in irrigation, but of these I shall speak more especially when treating of injections.

In the operation of injecting or irrigating the bladder, it will be found to contribute greatly to the comfort of the patient, if, instead of fixing the nozzle of the syringe directly upon the catheter itself, we connect the two instruments by means of an elastic tube either of caoutchouc or of gutta serena. In this way no shock can be conveyed from the hand directing the syringe to the bladder, often so excessively sensitive. A tube of similar materials and of any desired length, may also be attached to the other tube of the catheter, so that the fluid may easily be conveyed to a vessel placed for its reception, without danger of wetting the patient. The vulcanized indian-rubber bottle, similar to those of the ordinary enema apparatus, may often be advantageously substituted for the common syringe, because it can be worked with one hand only, leaving the other free to adjust the catheter. Irrigation is not to be practised more than once or possibly twice in twenty-four hours, and not at all if there are symptoms of acute inflammation present.

Injections into the bladder are applicable in the same cases where irrigation is employed. There are certain cases of vesical irritability accompanied by a greater or less abundance of the muco-purulent deposit of which I have spoken, in which there is no evidence of inflammatory action—and which, in fact, has not existed, all the morbid symptoms present being due to an atonic or relaxed condition of the mucous membrane. No antiphlogistic treatment can be applicable in cases of this description, but injections, particularly of a stimulating nature, are highly useful.

In many cases where injections are applicable, we shall find that the introduction of the catheter gives great pain on account of the highly sensitive condition of the urethra. This condition must be overcome, and the urethra prepared by the gradual introduction of instruments. For this purpose we must make use of the wax bougie, introducing only so much of the instrument at a time as can be borne easily. This treatment is to be continued until the morbid sensitiveness is overcome—a length of time which varies according to circumstances. The injections should at first, at least, be tepid, and should be thrown very slowly into the bladder, the urine having previously been drawn off, and should be retained only so long as the organ can tolerate it—generally from one to five or ten minutes. The quantity at first should also be very small, and if any medicinal agent is added to the water, the solution thus formed should be very weak.

Instead of a single injection, two may be thrown in—one immediately after the other, and about a quarter part of the second injection should be allowed to remain in the bladder.

The injections should not be renewed oftener than two or three times a week, especially at the commencement, and not even as frequently if there be any contra-indications. Combined with these, we must advise other appropriate treatment—rest, demulcent drinks, baths, anodyne enemata.

M. Civiale recommends very highly the use of cold injections also to arouse the dormant contractility of the bladder. They may be had recourse to when the use of the catheter has ceased to excite any irrita-

tion about the neck of the bladder. Tepid water is employed for the first injection, to the amount of three or four wineglassfuls only. The temperature of the water is gradually lowered to about 60°, and as soon as the patient is able to bear the contact of the cold water without pain, two or three injections in immediate succession are thrown into the bladder. These have frequently the effect of exciting the bladder to contract, and this being once attained, the disease progresses favorably.

Compound injections of various kinds, astringent, anodyne and alterative, may be employed. For this purpose, alum, lead, nitrate of silver, creosote, opium, laudanum, iodine, nitric acid, extracts, tinctures and decoctions of various substances, have been thrown into the bladder with more or less benefit. Without advocating the use of one of these articles above another, I would merely remark that in the greatest number of cases injections of pure water are most suitable.—*Boston Med. and Sur. Jour.*

The Essential Oil of Matico, whether Pure, or combined with Balsam of Copaiva, in the Treatment of Gonorrhœa.

Dr. A. Favrot has communicated to *l'Union Medicale*, an article on the use of Matico in blenorrhœa.

Matico (*piper angustifolium*) is a South American pepper-plant (lentisk), first introduced into France by Mr. Dorvault, at the time of the London Exhibition, when it was presented as a powerful astringent, and an excellent antihemorrhagic, and the various formulæ given by its importer all agreed with these properties. At present preparations of matico are largely employed in *materia medica*. In 1855, the decoction of leaves of matico, administered internally by English physicians, having given good results in cases of gleet, I was induced to make some experiments with it. Matico has, however, long been used in Peru in analogous cases; thus in the *Medical Flora*, published in that country, we read in Vol. I., page 28, the following remark: *Incolæ ad gonorrhœas et ulcera cancro a lue venerea ortas extirpendas, decoctum affatim hauriunt*. In another direction, Mr. Grimault, the successor of Dorvault, in continuing the researches of his predecessor, acquired the certainty that matico owed its properties to the large quantities of essential oil contained in it, and which had not been turned to account in the majority of the preparations hitherto employed. Having obtained a certain quantity of this essential oil, he had capsules prepared with it, and, at my desire, intrusted me with their trial. I had already employed matico in the form of decoctions, injections, and extracts, effecting a cure in some cases, and failing in others, and being confident in these data, I placed great reliance in the employment of the essential oil. The results were, in fact, most satisfactory; but the diuretic action was so strong, that this medication, notwithstanding its advantages, still offered serious drawbacks.

Finally, by dint of assaying and experimenting, we succeeded in obtaining a preparation, which appeared to be perfect, by combining the essential oil of matico with balsam of copaiva, in the following proportions:

Balsam of copaiva, 100 grains,
Essence of matico, 5 grains,
Magnesia, quantum suff.

for 100 pills, coated with gluten upon Raquin's process. Each of these pills contains one grain of the balsam of copaiva and 5-100ths of a grain of the essential oil, representing fifty grains of matico employed. In this combination the copaiva completely loses its characteristic taste, and by the addition of this essence, which is somewhat similar to the essence of peppermint, I remarked not only that the capsules thus composed were more active than the capsules known as Raquin's and Mothes', but further, that they never occasioned any unpleasant eructations.

I have treated acute and chronic blennorrhœa with this preparation during nearly four years, and I am at present strictly certain of its efficacy. I will divide my observations into two classes: acute and chronic; the local mode of treatment sufficing for the first category, requires the injection of the capsules; the second, the local treatment, is effected by injections of water distilled from saturated matico, which Mr. Grimault prepares in the following proportions:

Matico, one pound,
Water, two "

to obtain 1000 parts of water. It is essential to leave the matico in contact with cold water during twenty-four hours before distillation takes place.

OBSERVATIONS ON BLENNORRHŒA TREATED AT THE OUTSET AND CURED BY SIMPLE INJECTIONS.

Obs. 1.—M. X., twenty-two years of age, a government clerk, fair, and of lymphatic temperament, consulted me for a greenish running, that had appeared the day before; inflammation of the meatus, sharp pains in making water, nothing in the groin or in the testicles. Six days previously he had received the disease from a woman just through her courses. On injecting morning and evening, at the end of two days he was sensibly better; the running had changed from a greenish-white to a yellowish-white. I continued the injections. A fortnight later I saw M. X. again, when he told me that he had been completely relieved on the seventh day of the treatment, and that he had delayed visiting me until assured of his cure.

Obs. 2.—M. X., forty-two years of age, had contracted disease from a woman four months pregnant, he experienced frequent necessities to make water, and an itching along the canal. On the fourth day, upon waking, he perceived a drop on the meatus, by pressing the gland. I saw him at two o'clock, when the running had declared itself; it was a muco-purulent liquid. I gave him an injection morning and evening; the next day he was sensibly better, and on the fourth day he was completely cured. Two months later, M. X. called upon me in the same state; and this time the injections had to be continued during eight days. I could multiply observations of this sort in which distilled matico water always produced satisfactory results; but it is important that the running should be treated at the outset, and that the patient maintain a strict regimen.

OBSERVATIONS ON SUB-ACUTE BLENNORRHŒA.

When inflammation has existed for some time, and the running has acquired a certain density, I have very rarely obtained a definite result with injections alone; but have when combined with capsules of matico.

Obs. 1.—M. X., artist, twenty-nine years of age, dark, sanguine temperament, consulted me for blennorrhœa six weeks old; various treatments had already been employed without success. Upon my advice, he took an injection morning and evening, and on the third day he thought himself cured; but two days later, in consequence of a slight deviation from his regimen, the running reappeared, and apparently more abundantly. Fresh injections were followed during eight consecutive days, when he was apparently cured; but without any known cause he had a relapse. After ascertaining that there was no contraction of the canal I decided to prescribe matico capsules, conjointly with the injection, and upon the seventh day after prescribed the patient was definitely cured.

Obs. 2.—M. B., law student, twenty-two years of age. Blennorrhœa of more than six months' date. He had tried every possible mode of treatment; capsules of every species and injections of all sorts. He consulted me regarding a drop that appeared every morning upon waking; he was alarmed, because under the influence of the slightest deviation of the regimen, either respecting diet or coition, he experienced a greenish-yellow running instead of one drop. After ascertaining that no contraction existed, I ordered him to take twelve capsules and two injections per day. This treatment was very regularly followed during a fortnight, and at the end of that time I required another fortnight of prudence and abnegation, and the cure was complete.

Obs. 3.—M. X., sculptor, thirty years of age, fair, lymphatic, blennorrhœa of twelve months' date. He was tired of treating it, and had decided to do nothing more for it; but a marriage he had in view induced him to try my mode of treatment, on the condition, however, that he should not be required to change his manner of living; using coffee, wine, and liquors, but not to excess. After using the capsules and injections for twelve days, he was cured; nevertheless, on account of the long standing of the malady, I required him to continue the treatment one week longer. A month later, M. X. came to thank me and announce his marriage.

SUMMARY.—It is evident that matico, or the active principle it contains, is not a universal panacea in all cases of runnings, and that when there is a determinative cause, such as a contraction (which should always be ascertained,) or an affection of the prostate, and especially any weakness or relaxation of the seminal vesicles—for I have often seen runnings produced by inflammation caused by the sperm remaining upon the mucous membrane of the urethra, without the latter being previously lubricated by the prostatic fluid (as it happens in cases of spermatorrhœa)—it is evident, I say, that when there is a distinct cause, matico will produce little or no effect; but I wish to point out, that in cases of simple, acute, sub-acute, and chronic runnings, preparations of matico have given me the most certain and definitive results.

In the case of women, I have obtained, and daily obtain, even more remarkable results in cases of chronic leucorrhœa. These yellowish-white runnings, which are brought on by slight fatigue, or excess of any sort, or even simply before or after their periods, often undergoing such sudden modifications, that although harmless at certain times, they may become very dangerous. The internal use of the capsules, and especially the direct application of a lint or cotton dossil, previously rolled in pulverized matico, and left in contact with the parts during

twelve days, have afforded me excellent results.—*American Medical Times.*

Pathological Society of London.

DR. COPLAND, PRESIDENT.

SPECIFIC GRAVITY OF THE BRAIN.

Dr. Peacock had previously brought before the Society some observations upon the specific gravity of the brain. On the present occasion he gave an account of the specific gravity of the cerebrum in nine cases, taking distilled water as 1000. Cerebrum, 1034; cerebellum, 1041; pons Varolii, 1040. The specific gravity of the whole brain together, 1039. One object also was to show that the brain does increase in size and weight after the age of seven years, although the contrary had been stated by Sir William Hamilton. It does increase up to from the twenty-second to the twenty-fifth year.

Dr. Copland corroborated the views taken by Dr. Peacock relative to the brain increasing in size up to adult age.

Dr. Crisp wished to know if any observations had been made bearing on the solidity of the brain and the intellectual powers.

OSSEOUS TUMOR IN THE ABDOMEN.

Dr. Peacock also exhibited, for Dr. Thurnham of Devizes, an osseous tumor found in the abdomen, connected with the omentum; it was ascertained that it was not connected with the uterus or ovaries, and therefore was not an ossified fibrous tumor of the uterus.

EXCISION OF THE ENTIRE TONGUE.

Mr. Henry Thompson exhibited, for Dr. Fiddes of Kingston, Jamaica, the entire tongue, removed by that gentleman from a man of middle age in December, 1860. He believed that no other operation would suffice to remove the disease, which appeared to be epithelioma, and he therefore adopted the method which Mr. Syme had previously employed, namely, that of cutting through the lip and soft parts of the chin, and the symphysis of the lower jaw, after extracting a central incisor; the two portions of the jaw being drawn aside by assistants, and the tongue well upwards. He then divided, by means of blunt pointed scissors, the mucous membrane and connexions in the mouth, and, with a bistoury, the attachments of the tongue close to the hyoid bone. It was a point of importance to cut and tie one lingual artery before dividing the other. This case was the second in which Dr. Fiddes had thus operated with success. In both, the function of taste and the power of articulation had been partially resumed after the operation, as the patient recovered. The first case was reported in the *Edinburgh Monthly Journal* for 1859. Dr. Fiddes had sent this specimen over for presentation to the Society, in part to announce the success of the proceeding, and in part to ask that a special report on the nature of the disease might be made.

Mr. Hutchinson wished to know whether, in this particular specimen, it really was necessary to remove the entire organ. He mentioned a case of more extensive disease than this which had been completely removed by ligature from the mouth.

A committee was appointed to examine the specimen.

NUMEROUS PROSTATIC CALCULI.

Mr. Henry Thompson also showed some typical examples of prostatic calculi, removed from a man aged eighty-nine years, who died recently. He had been the subject of hemiplegia for thirteen years, and during the last few months of his life he had been bed-ridden. At the post-mortem, the right hemisphere of the cerebrum was found to be softened throughout, and traces of an old blood-clot were found in the corpus striatum. The arteries at the base of the brain were much thickened, and indurated with calcified deposits in their coats. There was a small phosphatic calculus in the right kidney; the left had numerous small cysts in its substance. The bladder was thickened and fasciculated, and the prostate was somewhat enlarged. Occupying a cavity in each lateral lobe, and also immediately beneath the veru montanum, were numerous dark-colored calculi, very hard in texture, with polished surfaces; each calculus having several irregular facets, varying from the size of a grain of pearl-barley to that of a pea. These characters distinguished them completely from calculi of renal or of vesical origin; and they might be contrasted advantageously with some calculi encysted near to the neck of the bladder which he had recently exhibited, and which were of uric-acid formation. The present were of phosphate and carbonate of lime.

HEART DISEASE.

Mr. Hutchinson showed this specimen for Dr. Wilson, of St. Leonards. The patient died from apoplexy at the age of forty-seven years.

Dr. Copland remarked that nearly forty years ago he had pointed out the connexion which existed between disease of the heart and disease of the brain.

Dr. Peacock believed that it was a case of malformation of the aortic valves.

MEDULLARY CANCER OF THE TESTIS.

Mr. Hutchinson showed this form from a patient aged forty-four years. Nearly two years ago he felt pain in the testis and cord. The testis became hard and enlarged. It slowly increased, and thickening of the cord was felt. No glands were swollen. The long history seemed to contra-indicate malignant disease, and there was no cachexia. It was removed after a preliminary puncture, and proved to be cerebriform cancer of a firmer consistence than usual.

POSTERIOR TRIBAL NERVE.

Mr. Hutchinson also exhibited this specimen from a man who died of tetanus twelve days after receiving a charge of shot in the legs. Two or three shot had been lodged in the nerve, as well as a portion of bone driven into the nerve. The other knee was shattered, and was excised. On the ninth day tetanus occurred, and it was clearly connected with the leg in which was the injured nerve, and not in the limb which had the knee excised, as was proved by no tetanic spasms occurring from irritation of it, but taking place instantly on the slightest irritation of the other limb.

CHRONIC HYDROCEPHALUS.

Dr. Hermann Weber exhibited the brain from a child affected with the above disease. The enlargement of the head took place after birth.

and was observed first in the fifth month. In the eleventh month the circumference was $23\frac{1}{2}$ " ; the distance from the upper insertion of one ear to that of the other, $17\frac{3}{4}$ " ; that from the root of the nose to the occipital protuberance, 17". Other plans of treatment having failed, six ounces of fluid were removed by puncture, and slight compression was applied afterwards. Symptoms of inflammatory irritation came on a few days later, and the child died five weeks after the operation. The cranial bones were extremely thin, exhibiting insular spots of want of ossification; the fontanelles and sutures widely open. The lateral ventricles and the third ventricle of the brain, forming one cavity, were enormously distended by the fluid amounting to seven pounds eight ounces, being sixteen times more than the weight of the brain substance. The lining membrane of the ventricles was much thickened. The convolutions on the superior surface of the hemispheres were completely effaced; the brain substance, forming the roof of the ventricles, was on some points scarcely thicker than the lining membrane of the ventricles. There was only a feeble trace of the corpus callosum, and none of the fornix and pineal gland. The corpora quadrigemina were transformed into a hollow bag. The iter a tertio ad quartum ventriculum was open, yet the fourth ventricle was not distended. The site of the infundibulum and the corpora albicanti was occupied by a large bag with thin walls. Dr. Weber pointed out that no method of treatment can have much chance with such a condition of the brain.

Mr. Ballard remarked on the course which chronic hydrocephalus is wont to run, indicating two classes into which these cases might be divided.

Dr. Broadbent was inclined to believe that some traces of the parts named were present.

INTESTINAL OBSTRUCTION.

Mr. Lawson showed a portion of the ileum, cæcum, and large intestine, in which complete obstruction existed during life. He opened the abdomen, and found the cause to be scirrhus. The patient was first seen on April 15th, suffering from symptoms which were removed by a purge. On the 22nd stercoraceous vomiting commenced; and when Mr. Lawson saw her on the 24th it was occurring every half-hour. It was decided to open the abdomen; scirrhus was found, the parts returned, and she died soon after.

Mr. Hutchinson remarked that he believed there was no record of such an operation ever having been successful.

Dr. Crisp, Mr. Canton, and some other gentlemen joined in the discussion.

A PORTION OF A SKULL WITH AN EXOSTOSIS GROWING FROM ITS INNER SURFACE.

Dr. Gibb exhibited a specimen of the above which he had removed from an elderly woman, who had died of delirium tremens. She had been subject to epileptic fits the greater part of her life, and latterly had become intemperate, which brought on delirium tremens on three or four occasions. At the autopsy, the membranes of the brain were found to be highly congested, amounting to inflammation in some places. On the inner surface of one of the parietal bones was a projecting, smooth knob, of the size of a bean, which he believed was the cause of the epilepsy. The co-existence of epilepsy and delirium tre-

menses he thought a circumstance of much interest, and not of frequent occurrence.—*London Lancet*.

Case of Double Congenital Cataract Operated on with Success at the Age of Eighteen.

BY A. M. CADE, M. D.

While waiting till I have leisure to prepare my new observations upon the good effects of the use of arnica and aconite in the treatment of cataract, permit me to give you a description of one of the last cures I have been called to attempt. Besides, cases of congenital cataract not operated on before the age of puberty are not so common but that every one deserves a particular notice.

The following is the case:—Mlle. Louise A., of Montnessat, 18 years old, had the misfortune to be born with a double cataract, and to belong to a family which believed in the stupid prejudice that the establishment of the menses would bring a spontaneous cure of the blindness of their child. When the period of puberty arrived, her parents, seeing that the appearance of menstruation did not bring any change in the vision of their daughter, at last decided to consult me. What was their regret, when I told them that the operation at the age of ten or twelve months would have as much as, if not more chance of success than at 18 years, and that they had, besides, lost valuable time for the education of their child. Fortunately, this young lady has great intelligence, and will rapidly acquire the knowledge resulting from the use of her eyes.

October 15th, 1860, assisted by M. L. Mure, I operated by depresso-reclination* upon both eyes of Mlle. Louise. The cataract being siliquose, it was not without difficulty that I succeeded in keeping the two layers of the opaque capsule immersed in the vitreous humor; they constantly strove to come up into the field of the pupil. In order to prevent the effects of the wound caused by the needle, I put my patient on the use of arnica and aconite, administered alternately, according to my method. Perfect quiet was enjoined; a sleep of four hours during the first night was accompanied by a gentle moisture of the skin. The two following days the pulse was slow and depressed; then it recovered progressively its normal force and rhythm.

It is impossible for me to depict the joy and astonishment which the patient experienced on the first raising of the bandage, the eighth day. I then witnessed the following condition: The left pupil is clear and completely free; but the right is occasionally obstructed by the cataract, which floats in the posterior chamber and produces the phenomenon of intermittent vision. At her age I rely upon its prompt absorption, and if, contrary to my expectation, it should be otherwise, I should resort to extraction by means of the ingenious *serre tele* of M. Charriere.

Let me say a word now of the curious phenomena, or rather strange

*By the term depresso-reclination, I mean a mixed procedure of depression in which depression of the cataract is associated with its reclination; that is to say, before tipping the lens into the inferior and external part of the vitreous humor, I take care to lower it a little vertically until a semilunar opening appears in the upper fifth of the pupil. By this method we prevent, during the displacement of the cataract, either the falling of the lens into the anterior chamber, or the too immediate compression of the retina or choroid coat.

aberrations, which this sense of vision, putting her in relation for the first time with the external world, has presented to us. The first sensation of light produced so lively a feeling that the eyes were seized with convulsive movements, and it was only after having established twilight in the room, and after numerous oscillations, that the globes of the eyes maintained their equilibrium. When the organ of vision was accustomed to the light, I attempted some experiments and observed the following facts: When an object is presented to Mlle. Louise, she can neither appreciate its form nor color; she is obliged to touch it, to tell its name or use. The laws of visual accommodation are lost for her; thus, she judges distances so inaccurately that she constantly places her hand beyond the objects she wishes to grasp. Besides, this young lady has been so in the habit of using the sense of touch to supply that of sight, that, after having the name of an object pointed out to her, she feels the need of taking hold of it and manipulating it in every direction, so as to fix the form of it as well as its other characteristics in her memory. When an object has been presented to this double inspection it remains impressed on the memory, and Mlle. Louise can name it by the exclusive use of her eyes, even four or five days after a first trial.

I have no doubt that education, which has to be commenced for her, will complete the use of vision, aided by the ideas the so highly developed sense of touch will give her.

I regret that the hurried departure of my patient, who was impatient to return to her parents, did not permit me to follow out and complete the study of her case.

Case of Inguinal Hernia.

Mr. Kegan, æt. 48, a laborer, ruptured himself by lifting a heavy gate, May 20, 1861, at 2 P. M. May 21, at 8 o'clock A. M., I was called, and found a large hernial tumor upon the left side. He had made several attempts to put it back himself, but could not succeed. After making an examination of the parts, I commenced the taxis and continued it for two hours without success. At 11 A. M. I returned with Dr. Krakowizer. We administered chloroform and then tried to reduce it, but failed after one hour's trial. At 2 P. M., I again made efforts at reduction, but did not succeed. At 6 P. M., Dr. John O'Riley of Fourth street called in consultation. We resolved to try the taxis once more with the aid of a hot bath. The patient was retained in it until he became faint, and we then made another attempt, but unsuccessfully. It then became evident that there was no other method of reducing the hernia but by an operation. Dr. John O'Riley administered chloroform. I operated in the usual manner, proceeding with care until I opened the sac and divided the external ring. I then attempted to reduce the contents, but failed, until the canal was entirely slit up to the internal ring, when I succeeded in reducing the strangulated intestine.

That portion of the intestine which we found down, proved to be the sigmoid flexure of the colon. It is quite unusual to find this portion of the bowel in a hernial tumor. There was no hemorrhage. He was then placed in bed, and perfect rest and quietness enjoined. I gave

him ten drops of morphine (Magendie Sol.) with directions to keep cold water constantly applied to the wound. I returned in three hours, and ordered hyd. sub. mur. gr. ij. pulv opii gr. i. every two hours until he had taken ten grs. of the submurias. It was then discontinued, and the opium, which I think is superior to any other article in combating inflammation, renewed. May 22, at 9 A. M., I found his pulse at 90, full, tongue slightly coated; at 9 P. M., pulse same, and tongue same, no pain or tenderness; ordered the opium to be continued with ice and gruel.

May 23.—Pulse 90; tongue moist, slight pain across the epigastrium, very slight pain in the region of the wound; no thirst, skin cool, urine free, and sleeps very well. Diet and medicine to be continued as before.

May 24.—Pulse 90; skin moist, urine free, no movement of the bowels; slight pain at times across the epigastrium; tongue cleaning at the tip; countenance good, wound looking healthy. Continue the cold water to the wound, and opium internally. At 4 P. M. I ordered ol. ricini ʒss. to be given him; in three hours it operated freely.

May 25, 10 A. M.—Pulse 105; skin moist, cleaning; scrotum swollen and inflamed; applied cold water, and continued medicine as before.

May 26, 10 A. M.—Pulse 102; skin moist, tongue moist and cleaning; no tenderness, no pain; some effusion of pus into the scrotum, but not as much inflammation as yesterday.

May 27, 10 A. M.—Pulse 90; tongue almost clean, wound looking healthy. I removed the stitches, and bandaged him up again. Bowels moved, urine free. Continue the opium as before with the same diet.

May 28, 10 A. M.—Pulse 84; no unfavorable symptom, the discharge from the wound being free and healthy; scrotum slightly swollen. From this date he continued to improve until June 20, when the wound was healed. I then applied a truss with a spring pad, made expressly for him by Mr. Tiemann, of 83 Chambers street.

This man labored under, first, an old rupture of seven years' standing; secondly, under bad hygienic influences, such as living in a shanty surrounded by a pool of stagnant water; yet he had not an untoward symptom.—*Am. Med. Times.*

The Great Mistake of Young Physicians.

For the most part, young medical men commit a great mistake on first starting. They overhouse themselves. Their establishment eats them up. They have not the courage to live in a small way. Then they marry too early. It is a virtue on their part, and speaks volumes in their favor. But house expenses are certain, and professional returns uncertain. Children must be fed; servants must be paid. The wife likes the habits of a lady, decorates her rooms, and receives her friends, while her husband lives in the streets, that he may live in a mansion. For a mansion it is to him, that vast pile of bricks and mortar, for which he pays an enormous rent, and which he has furnished beyond his need. For the sweets of life are unknown to him. He spins only for his daily bread. He has no time for visiting. He can

never receive properly. His occupations unfit him for doing so. His real post, and the one in which he shines, is the sick chamber of the wealthy and the hovels of the poor. Beyond their precincts, he is nobody. How can it be otherwise? If he is a man of fashion, he is unfit for his profession; or, if he be a philosopher, he is unfit for his fashion. Add to these eccentricities and burdens, an equipage—a shining, well-turned out equipage! This is the climax of folly that has brought many a general practitioner to the ground. It is time enough to ride in a carriage when you have realized capital, or should be lucky enough to possess some private means of your own. Only, private means alters the question, which, as we are now looking at it, is one of pure, unaided, professional ability.—*Med. Critic and Phys. Jour.*

EDITORIAL DEPARTMENT.

Commercial Hospital.

We hope our readers will not think we devote too much time and space to the consideration of the affairs of this institution. It is well known to the profession, that from its infancy more or less trouble has existed in consequence of the manner in which its internal affairs were controlled. Since the change in the law, under the appointment of the new board, which is composed of gentlemen who are not controlled by college or clique, we see quite a change in the condition of things. The Board has appointed the Medical Staff, sixteen in number, whose professional services are rendered gratuitous. Some of the appointments may not be the most judicious, but the change is one of such importance that we cannot but rejoice over it. Students are now to be admitted on equal terms from all the schools, and we are satisfied that no partiality will be shown; but should we be disappointed in this, we will ferret out the offender and "lash the rascal, naked, round the world."

Mr. Watson, the superintendent, is a gentleman well qualified for the position he occupies, and under his care and skill the shades of darkness are rapidly disappearing, and soon we may expect to see all connected with the establishment wearing the pleasant smiles consequent upon improvement and a well regulated household. When Lectures begin we shall endeavor to present our readers with such *clinical* matter as may be deemed of importance.

Cincinnati Orphan Asylum and Homœopathy.

Alack-a-day 'tis done; and now that 'tis happened, we will say that we always knew 'twould come to pass. Some of the ladies, dear souls who compose the Board of Managers of the Orphan Asylum of this city for fear the little innocents of that institution might suffer in after life with bad teeth from the calomy given them in their tender years by the

nasty Allopathic doctors have elected a Homœopathist to the medical department. They think, kind creatures, if sugar pellets and sweetened water will do no good, they'll do no harm; and besides, they do not produce those contortions of the little ones' countenances like those bitter potions and nauseous powders that used to be given them, and which always gave them so much pain to witness. 'Tis woman-like to be tender hearted, but many a mother whose *tender heartedness*, not subject to reason, has prevented her *Willie* from being *coerced* for fear of giving him pain, has had to endure to have the same *Willie*, when he became a man, checked off from this mundane sphere by the hangman, that society might be rid of his pestiferous presence. The kindest measures do not always result the most agreeably.

Three of the ladies composing the Board, Miss BROWN, Mrs. STILLE, and another whose name we cannot now call to mind, we are happy to say voted against employing the institution in giving encouragement to a miserable system of quackery. These ladies deserve all honor for the good sense they displayed in taking a firm stand against humbuggery, and we have not the least doubt the profession will accord it to them.

Two of the ladies, we understand, who voted in favor of the measure have sons who are regular physicians; and that some of the others do not employ Homœopathy in their families. This, among gentlemen, would be considered inconsistent; but among ladies, we presume, whose ideas of consistency are oftentimes somewhat peculiar, there has been no infraction in this respect. *

ACADEMY OF MEDICINE.—This organization, after a recess of some time during the hot weather of summer, has recommenced its weekly meetings. On the evening of the 9th, a discussion followed upon the report of a case of *Progressive Paralysis* by Dr. Murphy. The disease, as we understand, first manifested itself in the individual by symptoms of difficult deglutition, attended with a gradual failure of the power of speech. Since its inception the upper extremities have become somewhat involved. The Dr. presumed that sooner or later, the case would prove fatal.

Besides this case, other cases of the disease were reported by Drs. Carroll and Baker. The latter gentleman, in one of his cases, had employed galvanism, but without any beneficial influence. Dr. M'Ilvaine stated that M. Nonat dissenting from the views of M. Duchenne, had prescribed for a similar case iron and quinine with the happiest results. The youth to whom it was administered left the hospital cured. By some oversight of the secretary, *pro. tem.*, these remarks of Dr. M'Ilvaine did not appear upon the minutes—we give them in order to supply the defect. *

OHIO STATE MEDICAL SOCIETY.—Four months ago this Society held a meeting at the *Ohio White Sulphur Springs*, transacting the usual amount of business, all done up in the usual way, and yet we have not heard from the publishing committee who have the minutes under charge—what has become of the minutes?

DR. W. H. M'REYNOLDS.—This gentleman, we understand, has received the appointment of Assistant Physician to Longview Lunatic Asylum at a salary of one thousand per annum. We consider the appointment a very good one; and have no doubt but that the Dr. will apply himself diligently to the study of insanity, and that through him the science of psychology will receive material advancement. *

SURGEON APPOINTMENTS TO THE ARMY.—Of the numerous appointments of surgeons to the army we do not pretend to give but a few that come under our own personal observation. To give all that are appointed would occupy more space in our journal than we think would be profitable.

Among the appointments that have lately been made, we learn that Dr. W. H. Clendenin, and Dr. O'Leary of this city, have each been appointed Brigade Surgeon—the first to General Rosecrans, and the latter to General Couch. Dr. D. E. Wade, of Cincinnati, has been appointed Surgeon, and Dr. B. F. Miller, of Cincinnati, Assistant Surgeon to the Second Ohio Regiment, Col. Harris. Dr. Charles Thornton, and Dr. George Sprague, of Cincinnati, have been appointed Surgeon, and Assistant Surgeon respectively, to Col Taylor's Cavalry Regiment, now at Camp Corwin. Dr. L. A. James, of Cincinnati, and Dr. M'Millen of Kentucky, have been appointed Surgeon and Assistant Surgeon to Col. Kennett's Regiment now at Camp Gurley, and designed for service in Missouri. Drs. Ludlow, Geo. E. Jones, Kingston Goddard, and Thos. J. Kearney have received commissions as Assistant Surgeons in the U. S. Navy, and have been ordered into service upon the gun-boats in the Mississippi river. Later appointments than these have been those of Drs. C. P. Brent, and M. T. Carey, of Cincinnati, to the Forty-Eighth and Fifty-Second Ohio Regiments respectively.

In Indiana there has been the following Brigade Surgeon appointments: Drs. J. S. Bobbs, W. B. Stewart, and M. C. Thompson.

In Illinois, Drs. D. Prince, J. W. Freer, J. V. Z. Blaney, T. Sim, J. H. Rauch, and S. R. Haven. *

PRIVATE COURSE ON DISEASES OF THE CHEST.—Dr. John A. Murphy will give a private course of lectures on the diagnosis of the Diseases of the Chest, including Auscultation and Percussion. The course will begin November 1st. The lectures will be given in the Dental College, at an hour not to interfere with the lectures in the Schools.

CINCINNATI

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MISCELLANEOUS CONTRIBUTIONS AND SELECTIONS.

For the Medical and Surgical News.

Cincinnati Academy of Medicine—Discussion of Puerperal Fever.

The gentlemen of the Academy of Medicine for several successive meetings have been discussing the subject of puerperal fever. The prelude to the discussion was the reading of a paper upon the subject by Dr. Gans. We were not present during the reading, and, therefore, are unable to give any outline of it. We have understood, however, that the position taken in it was, that the disease is a zymotic one, proceeding from a blood poison, and that it is contagious in its character.

This evening Dr. M'Ilvaine opened the discussion. He asserted that nothing more was known of this disease at this day than there was 2261 years ago, when Hippocrates, the father of medicine, flourished. That very distinguished individual was as well informed in regard to it as the *savants* of the present day. The assertion that it was a blood disease was a mere mantle to cover ignorance. Chemists have never shown in what respect the blood was diseased. The specific gravity of blood corpuscles was 1885—there was in one thousand parts, of water, 688; of solid constituents, 312—in the intercellular fluid, of water, 902.90; solid constituents, 97.10. By the analysis of Lecanu of blood taken from ten different females, there was in one thousand parts, of water, 804.37; albumen, 69.72; extractive matter, 9.95; red corpuscles, 115.96. The analysis of blood from ten men by the same, gave in a thousand parts, of water, 789.32; albumen, 67.50; extractive matter, 10.69; red corpuscles, 132.49. Has chemistry, or any of the advocates of the blood poison theory, he would enquire, been able to demonstrate any peculiar effect upon the globules or any other constituent of the blood by this disease? Indeed, so far was it from being the case, that all ef-

forts in that respect had utterly failed. Assertion, and not demonstration, is all that is given in proof of any poisoning of the blood.

Not until 1845, did this theory of blood poison begin to gain credence in the profession. Previously, it was unanimously regarded as a local inflammation. Dewees, the father of midwifery in this country, so regarded it, so did many others, whose names he mentioned. Furthermore, he said, post-mortems have always exhibited marks of inflammation. The symptoms, too, were of that character—there was suppression of the lochia, tenderness over the abdomen, fever, etc. Beddoen says that the lochia are always suppressed. The most successful treatment was the antiphlogistic—during a period of 197 years of combatting the disease by this method, only one in five died. What treatment, he asked, based on any other principle, has met with such success?

The Dr. also denied that the disease was contagious, and quoted Dewees, Meigs, Armstrong, and others, as authority in support of his declaration.

Dr. Murphy expressed himself annoyed that any one should demand a demonstration of the fact of the blood being poisoned in this disease. There were ten thousand things in medicine, he said, that could not be demonstrated. Who, for instance, pretended to be able to detect by any chemical test the poison in intermittent fever, in small pox, in diphtheria, in syphilis, etc. That there was a poison in those diseases there was no doubt; but what chemist had been able to separate it, whose vision had beheld it, or what scales had been found so delicate as to have been able to weigh it? As to the lochia being invariably suppressed, it was an error. He had seen cases himself where there was no suppression, and De Paul says, that, as a symptom, in its epidemic form, it is of no value. In three epidemics that occurred in France in a period of five years, there was no suppression of them. He also mentioned other similar epidemics.

Cases, he said, had frequently occurred in which there was no correspondence in the constitutional disturbance and local manifestations. In some epidemics the symptoms had been frequency and feebleness of pulse, anxiety of countenance, coolness of extremities, vomiting, diarrhoea, etc., with no local symptoms. Post-mortems, too, had frequently revealed no lesions of inflammation.

The Dr. also insisted upon the contagiousness of the disease, and cited a number of cases in support of that theory.

Prof. Tate spoke of two epidemics mentioned by Leake in which there was no suppression of the lochia. The statistics of Collins showed that the disease usually followed upon difficult labors, and those in which much anxiety was felt by the patient as to the result. In such cases it

was not difficult to imagine how the blood became poisoned—the breaking down of the molecules of the brain in the one case, and the disintegration occurring in the uterus and other muscular structures in the other, would fully account for the deterioration of the blood by effete and poisonous matter. Furthermore, instances have been known of the foetus in utero being affected with the disease contracted from the mother.

The disease, he said, was in the habit of taking upon itself all the different characters peculiar to blood diseases, and frequently required opposite modes of treatment. As to the contagiousness of it, he thought there was no doubt; and, with the evidence there was of it, he considered it morally wrong to teach otherwise. He gave a number of cases in illustration that had come under his own personal observation, in which the disease had been propagated by infection. Besides, he quoted cases from Denman and Simpson wherein physicians had been the bearer of the poison to their patients obtained from attending post-mortems.

Dr. J. B. Smith said that all that would be necessary to produce an epidemic of puerperal fever, according to Prof. Tate's theory, would be to have a series of cases of difficult labors. In answer to the statement that many cases of the disease presented no post-mortem lesions, he would say that nine tenths of all cases do. There may be instances of persons dying upon the first onset of the disease and no lesion of inflammation produced, but the same result may occur in persons dying in the first stage of pneumonia.

He asserted that it was impossible that the disease could be communicated from the mother to the child. The arteries and veins of the mother and foetus did not run into each other, and, therefore, the blood of the latter was not the same as the blood of the former.

Dr. E. H. Johnson said that in regard to syphilis mentioned by Dr. Murphy, it began as a local disease, and did not become constitutional until it assumed its secondary form.

Prof. Graham stated that while practicing in the country he used to meet with cases of puerperal fever, the symptoms of which were of a decidedly inflammatory character. It would be ushered in by a sharp chill, afterwards there would be febrile reaction, strong pulse, tenderness over the abdomen, etc. In these cases the lochia were suppressed. Immediately after the appearance of the black-tongue the disease assumed a typhoid character, and the constitutional symptoms were not in correspondence with the local manifestations. It would have also exacerbations.

The Prof. also spoke of a number of cases occurring in the Commercial Hospital of this city, in which the lochia were not suppressed, and which exhibited *no local inflammatory lesion, upon post-mortem.*

Severe Gun-shot Wound of Brain.

BY GEO. B. WILLSON, M. D.

On June 2, 1860, I was sent for, to see a man, aged 20, some sixteen miles distant, who had been injured by the explosion of a gun the day previous. The messenger stated that a part of the gun-barrel had been blown completely through the forehead of the patient, and had escaped at the back of the head. Two doctors had been called to see him a few hours after the accident, but failed to extract a large piece of iron which yet remained within the skull. On reaching the house I learned that the patient had, on the day previous, attempted to discharge an old shot-gun which exploded, and that some parts of the stock, or barrel, or of both, were lodged in his head. He was at first knocked down, but after a few minutes was able, with a little assistance, to walk into the house. Since the accident he had retained consciousness unimpaired, and could talk rationally and with ease. His forehead felt sore, and he complained much of pain in his left eye, but otherwise he did not suffer.

Every attempt to move the iron produced a feeling like tearing his eye out, as he expressed it. He was lying in bed with his forehead and one eye bandaged; skin natural; pulse slow, and rather full but quite compressible, 64 per minute; breathing normal; tongue showed nothing unusual; mind comparatively composed, the only anxiety manifested being to have the metal extracted; intellect clear, and rational; sensation and motion unimpaired. I removed the bandages, and found the tissues around the left eye much swollen, the conjunctiva highly injected with blood, and the ball itself protruding considerably. His forehead was blackened and burnt with powder, and presented a large irregular opening, over two inches in length, from below upwards, and an inch in width. The upper part of the opening tapered to an obtuse point, so that it had a somewhat triangular outline, the long angle of which was upwards, and reached a point about half way between the left frontal eminence and the mesian line of the frontal bone, at the upper part of the forehead; the base corresponding with the inner half of the superciliary ridge of the same side. From this opening disintegrated brain substance oozed out quite freely, and according to the statement of the attendants enough to amount to half-a-dozen table-spoonfuls.

On careful examination of the wound a small portion of a screw which was imbedded in the brain showed itself. I soon found that the screw must be connected with other iron imbedded in the brain; for I found, on introducing my finger, that I could not reach its head, as it passed through another piece of metal at right angles. This latter piece of iron felt wider than my finger, and ran in a slanting direction from below upwards, and from before backwards. From its position and direction I decided that the screw passed through it near its centre forming a T; the screw being the stem, and the unseen body the top of the T. One arm of the T was probably hooked down behind the posterior edge of the roof of the orbit and lesser wing of the sphenoid, in the middle fossa of the base of the skull; its point projecting into the sphenoidal fissure, and pressing upon the nerves and tissues at the posterior part of the orbit. This would account for the protrusion of the eye, and the pain experienced when tension was made on the screw. The other

arm extended upwards and backwards, towards the vertex, and probably reached to, and lay up against, the under surface of the skull near the top of the head, to one side of the falx cerebri. This would account for my inability to lift the first arm upwards, from behind the lesser wing of the sphenoid, by using the screw as a lever. It seemed probable that, in such attempts, the extremity of the upper arm struck against the under surface of the skull, and thus prevented the elevation of the body. All this was merely guessing, for I could not prove its correctness; but as it agreed best with what I could observe, I determined to act upon it.

The indication was to push the presenting part of the screw upwards and backwards, so as to tilt the upper arm slightly downwards and backwards from the under surface of the skull, and give it room to play; and then to lift it upwards and backwards, so as to raise the lower arm from behind the lesser wing. This it was impossible to do; for, in attempting it, the edge of the skull at the upper part of the wound would not admit of the rising of the screw. If the screw was a little shorter, so that it would pass under the edge of the skull, it would do, but it was impossible, as it was situated, to cut it off. Or, if the screw could be shoved downwards, so as to get its point within the skull, the manoeuvre could be effected; but there was danger of injuring some part of the base of the brain in so doing. I tried it, however, and did not succeed. Wondering at this, I put my finger down again by the screw, and discovered that it was slightly bent just where it came through the other piece, and this bend prevented its passage back. The only way left then, was to cut away a portion of the skull at the upper part of the wound, and thus give the screw space for the necessary movement. If my opinion as to the position of things and the cause of the difficulty, was correct, this would enable us to succeed; but if not, we would have wasted so much skull for no use. However, deeming a small piece of skull of but little consequence in such a case, and being fully supported in my view by the opinion of Dr. Cromwell, who assisted me, I determined to enlarge the opening. I raised a small portion of the scalp, and with the bone forceps excised a small V-shaped portion. In a few minutes I had the satisfaction of lifting out the mass from its bed, and proving, that as to shape and position of the pieces, my inferences had been correct. The mass consisted of the *screw*, about three inches in length, and the *breech pin* of the gun, through the middle of which the screw passed at nearly right angles. The breech-pin was a piece of iron about the size and shape of a good-sized little finger, slightly tapering at one end to a tolerable sharp point, and at the other end being cylindrical and blunt, and of about five-eighths of an inch in diameter. The large end had lain upwards, and the pointed end downwards, and, being small enough at the point, had probably protruded into the back part of the orbit. The next step was to find such other fragments of iron or bone as had been driven into the brain by the explosion. As the cavity now seemed quite large—in fact as if all the anterior and a part of the middle lobe of that hemisphere had been destroyed, I did not hesitate to scoop out the disorganized cerebral substance with considerable freedom; and I think there could not have been much less than a teacupful extracted. I then probed the wound deeply with my finger; and in passing it back where the large end of the breech-pin had lain, I felt, at the depth of over four inches and a half, two pieces of

bone plate, each nearly half an inch in diameter, lying back in the posterior lobe of the cerebrum. These I extracted with long narrow forceps, and afterwards several smaller pieces, and many particles—mere crumbs—of bone from other parts of the cavity. After gently scraping the torn and bruised walls of the cavity, and cleansing the edges and surfaces of the membranes, I put a plug of oiled patent lint into the wound, securing it by adhesive strips and a bandage.

During the operation I had a chance to discover the amount of sensibility which the brain possessed. I inserted my finger as far as it would reach back on a level with the hole in the skull, and then inquired after the sensations of the patient. He answered that he felt something in his head as large as the body taken out. In answering to another question he said:—"It is about the middle of my head, with its furthest end nearly between my ears, but a little to the left side." I then put my finger in as far as I could, so as to cover half the metacarpal bone also, and asked, "Do you feel it moving?" "Yes." "How deep is it now?" "It is further back than my ears: it is near the back of my head." "Does it feel hard like iron?" "No, it is soft. It is your finger." I pressed a little with my finger, and asked, "Does that hurt?" "No." "Do you feel a pressure on any part?" "Yes, away in, far." I then put my finger on other parts, and on the *surface* of the brain, under the skull, and in each instance he could indicate the place. Then, taking a pair of long blunt forceps, I inserted them back into the wound, and inquired as to the sensation. He said that the substance was smaller than my finger and harder; that it felt like cold iron; and so on; showing that the sensation of touch was perfect, though there was no tenderness. His appreciation, too, of the difference of temperature, or its conduction, was shown by his saying that the iron "felt cold." When I expressed some surprise at the accuracy of sensation, he laughed and said,—“Why, I can feel everything in there, just as plainly as in any other part of my body.”

After the dressing, his pulse had increased in frequency to seventy-six, and in all respects he seemed quite natural, and expressed himself as "feeling much better and quite comfortable," and having no pain or soreness except in his eye.

I ordered cold cloths to the swelled eye, and making a small opening at the lower part of the wound, for escape of matter, I directed him to lie on his left side and partly on his face, and promised to see him on the third or fourth day.

On the fourth day I revisited him. He had needed no medicine, and had taken none. The cerebral substance had grown so as to fill the cavity to the skull. I cleansed the surface, and then made a small conical compress of lint and covered it with oiled chamois skin, and laid it into the opening, so as to press upon the cerebral mass. I then strapped it down tightly with adhesive straps, at the same time drawing the edges of the scalp tightly around the periphery of the oiled compress; and reapplied a bandage. I then gave his attendants very particular directions about dressing it, and forewarned them of the danger of *hernia cerebri*. I told them to be sure not to allow the brain to protrude, but to strap the compress down tightly as they had seen me do, and to dress it every day—being sure to make the compress smaller at each dressing.

On the evening of the third day after they sent for me, saying that

they could not prevent hernia cerebri; that it had gained on them each day, and now protruded some distance. I lost no time in seeing him, and found that firm compression was so painful that they had given up the attempt and left him to chance a second time. I told him he must bear the pain; so taking a firm compress of oiled chamois stuffed with pressed cotton, I strapped it down tightly so that I got the tumor well within the cranium. I then gave them still more strict injunctions, and left a compress of pressed sponge to be wrapped in chamois and used the next time. I told them that if they could not get the tumor back at the next dressing they must send for me without waiting longer. I then left, promising to see him again in five days, should my attendance not be needed sooner. They saw that he did not complain or oppose me when in dressing the wound I hurt him much more than they did; so, taking courage from that, they succeeded in preventing subsequent protrusion. I omitted to mention that the eye was nearly well at my previous visit, and quite well at this one. I visited him at the appointed times, but there was nothing in those visits worth reporting. In five weeks from the first dressing the external wound was closed. He was able to walk about in less than three weeks after the accident, and felt well most of the time, having to take medicine internally only twice. At the end of the fifth week he was discharged with proper directions as to when to begin making attempts to stoop over, and how to follow them up. He has been very careful since as to his exercise, but he is able to attend to his duties (those of a farmer's boy) as usual, and feels quite well and strong as before.—*American Med. Times.*

Radical Cure of Inguinal Hernia.

BY HOLMES COOTE, ESQ., F.R.S.C.

Those who are in the habit of frequenting the wards of St. Bartholomew's Hospital may remember my directing attention in the early part of this year to a case in which I was called upon to operate for the relief of strangulated inguinal hernia on a man on whom I had performed Wutzer's operation for the radical cure of hernia three years previously, with apparent success. In this case, as in most others, the inverted plug of integument had come down, and a fibrous constriction of the peritoneal sac remained, which proved the seat of the stricture. I believe this fibrous constriction, in part at least, to have been due to the changes consequent upon the passage of the needle in Wutzer's operation, and it had served to keep up the intestine very fairly for above two years and a half. It then yielded, and became the seat of stricture to a protusion somewhat larger than had ever been before.

I saw last year a boy on whom I had performed Wutzer's operation six months previously. In his case, too, the intestine had come down again; the protrusion was of larger size, and the adaptation of a truss was difficult.

Under these circumstances, I was induced to ask my friend Mr. Kingdon, Surgeon to the City of London Truss Society, the result of his experience amongst those who applied to him for trusses, and he favored me with the subjoined list of cases, which I enclose, with all the details, that any of the surgeons who operated may be able to verify or to contradict their accuracy.

There can be only one opinion respecting operative surgery. Its only claim is based upon the permanent benefit which it can effect; and if experience proves that any one operation fails, even at a remote period, in its object, it is the duty of those acquainted with the failures to make the facts public, in order that a proper value may be attached to the proceeding.

CASE 1.—Thomas B——, aged thirty-five, of Welling, Kent. Ruptured for the first time at the age of thirty-two. Wutzer's operation for the radical cure of hernia was performed in St. Bartholomew's Hospital, by Mr. Coote, in 1858. Case reported as cured. In 1859 he applied for a truss, at the City of London Truss Society, with oblique hernia on both sides.

CASE 2.—Nathaniel J——, aged forty-five, of Phoenix-terrace, an engineer. Operated on in the same way as Case 1, by Mr. Coote, three years and a half ago. He continued well until a few months back. Has applied for a truss, having now hernia on both sides.

CASE 3.—Thomas P——, aged thirty. West India-road, Limehouse. He was first ruptured at the age of twenty-eight. The operation for the radical cure was performed by Mr. Corner, of the Poplar Hospital. He applied for a truss, having a scrotal hernia, in 1859.

CASE 4.—John H——, aged fifty, of Churchway, Somers-town. The operation for the radical cure was performed by Mr. Erichsen. He applied for a truss in 1859.

CASE 5.—James A——, aged fifteen, applied for a protecting truss, having just risen from bed after the performance of Wutzer's operation. No immediate protrusion.

CASE 6.—John T——, aged forty-four, of Duke-street, Westminster-road, bedstead-maker. Ruptured at the age of twenty-four. He came for a truss at the Society's house in 1860, being at that time forty-four years of age. He had undergone the operation for the removal of a diseased testis nine months before, by Mr. Coulson, at St. Mary's Hospital. Had hoped that the hernia was cured at the same time. He now (1860) suffers from a large scrotal hernia.

CASE 7.—George C——, aged forty-three, of the Broadway, Westminster, gas-fitter's laborer. The operation for the radical cure was performed by Mr. Lee, of King's College. He applied for a truss on Oct. 5th, 1860.

"I thought," continues Mr. Kingdon (writing to me,) "and still believe, that I had more of your cases; but the foregoing are those which I can vouch for at present. Two, and I think a third, of Mr. Hutchinson's have come before; one also of Mr. Wood's."—*London Lancet*.

Removal of the Scapula by Enucleation close to the Glenoid Articulation.

BY A. G. WALTER, M. D.

Resection of the entire body of the scapula having been successfully performed in several instances abroad and at home, we wish, by the narrative of the following case, to record only the fact, that the arm deprived of its scapular support had attained such perfect usefulness in the short space of a few months, as to enable the young man to enter the army and hold the situation of bugler in the artillery corps during the present war.

Eugene Messick, nineteen years of age, born in Denton, Carroll county, Maryland, served as a cabin boy on sailing vessels in the Southern trade. Small in size, but very active; the scrofulous constitution well-marked. He enjoyed uninterrupted good health till December, 1859, when, after exposure, he was attacked with double pleurisy, confining him to his bed in the Albany hospital for a month. While thus affected, pain in the right shoulder, with swelling and inability of motion set in, the least jarring produced exquisite pain. Under a variety of treatment an abscess at last formed over the scapula, which was opened in March, 1860, in three places, twice over the scapula and once under the arm, discharging a large quantity of offensive pus, with temporary relief of swelling and pain. The shoulder, however, soon began to swell again, and became very painful; some pieces of bone being occasionally exfoliated from the fistulous opening under the arm. In August he was admitted into the Washington City hospital, where, by a free incision along the posterior margin of the axilla, some small pieces of necrosed bone were removed.

The wound having been closed after the expiration of eight weeks, a fistulous opening only remaining in the site of the original wound, he left the hospital and went to the country, hoping to recover under the genial influence of pure air. But failing to find permanent relief, the shoulder again having increased in size, with return of pain, the fistula constantly discharging, he entered my hospital in December last, his case then offering the following symptoms: The posterior face of the shoulder over the body of the scapula greatly swollen; the skin traversed by enlarged veins; great pain at the seat of swelling, extending down to the fingers, aggravated by pressure. The articulation of the humerus in front and at its outer face tumefied and painful, the natural contour of the joint being effaced. There is a fistulous opening at the posterior border of the axilla in the middle of the scar, left after the incision, into which the probe passes freely outward, and in front of the scapula to the extent of several inches, touching the rough anterior face of the scapula and its neck. Rotation of the shoulder-joint produced no grating, but exquisite pain; the joint appearing stiff from contraction of the muscles surrounding it. Discharge from the fistula not profuse, but constant. There is emaciation, irritative pulse, short hacking cough, with flushed cheeks in the evening. His appetite is variable, sleep disturbed, secretion of urine diminished, with disposition to constipation.

Convinced by the history of the case and examination, that necrosis had attacked the entire scapula, on December 29th, 1860, assisted by Drs. Pillichody and McGrath, chloroform having been administered, an incision was made from near the acromion process, transversely along the spine to the posterior edge of the capsula, and another from the centre of the first, directly downward to near the angle, transversing the skin and muscles down to the bone. The flaps thus formed were reflected, the acromial end of the scapula was next cut through with pliers, and the neck of it with the chain saw. The whole body of the scapula was then enucleated out of its periosteal investment which was found much thickened and only loosely connected with the bone. Free venous bleeding followed from the bottom of the wound; the subscapular artery having been cut, required ligature, torsion arrested bleeding from several smaller arterial branches. The bone thus enucleated was

found roughened on its surface, and thickened from long deposit within its substance, of brawny color, excavated by caries along its inner border from the neck obliquely down and outward to near its angle, from whence exfoliation had taken place previously at different times. The flaps having been replaced, were united by several iron wire sutures, a pledget of lint having been placed in the lower angle of the wound for facilitating the subsequent discharge. The arm was bound lightly to the chest, cold water dressings were applied, and hot coffee administered, the pulse and the temperature of the body being greatly lowered by chloroformisation. A full anodyne was given at bed-time, with sulph. quin. gr. ij every three hours, as a prophylactic against surgical fever. Vomiting, the effect of chloroform continued for two days, but reaction was moderate, and suppuration set in timely and duly. Sulphate of quinine and morphia were continued, the cold water dressing being replaced by linseed meal poultices. On the 4th day, the patient began to leave his bed for a short time, which he quitted after a week. With the exception of a short hacking cough during the night, which had troubled him for a week, his recovery was rapid; suppuration moderate and strength returning. His appetite became very keen, and with it return of flesh was perceptible. He left the hospital five weeks after the operation, the wound being entirely closed, with the exception of a fistula near the neck of the scapula, from which some pus was discharging. Swelling and pain having left the shoulder, the patient considered himself well, and returned to his home in the East, his arm having become even then somewhat useful.

Not having heard from the patient since his leaving my hospital, I was agreeably surprised to see him in August last in this city, in military dress, having returned, as he stated, from the field of the battle at Bull Run, where he had been engaged as a bugler. On examination of his shoulder I found the wound firmly closed; in place of the resected scapula there was a degree of fullness and firmness, leading to the belief that the periosteum had thrown out new bone in place of the enucleated scapula. The motion of the arm was surpassingly free in every direction the limb itself having regained its former fullness and strength.

That recovery to such an extent, with perfect and unimpaired freedom of motion of the member, should have followed the entire removal of the scapula, in the short space of six months, with even apparently complete reproduction of the bone, may appear rather astonishing, but is nevertheless true.

Facts like these, which modern surgery is daily bringing forward, are but the harbingers of still greater triumphs hidden in the future, which the conservative surgeon will accomplish, if nature's book be his ceaseless study, and his mission be that of her dutiful minister.—*Medical and Surgical Reporter.*

On Metallic Loop Sutures in Amputations and Similar Operations.

We accept it, as granted, that the profession in general consider the metallic suture much less irritating than the common organic one, and many forms are at present in use; but having seen the difficulty with which the flaps, after amputation, are sometimes induced to unite, not only in times of hospital gangrene, but in abnormal constitutions, and

in the heat of summer, I would propose a form of suture, which will not only tend to aid the union of such surfaces, under these circumstances, but be much more convenient. It is composed of bits of silver wire, of different lengths, according to the thickness of the flaps. These are each twisted, or soldered together at the ends, so as to form loops. One of these is placed over the edges of the flaps, projecting to the usual distance for sutures, and then a pin is passed through both the ends of the loop and the two flaps. As many of these as necessary are placed along the cut surface, which retain it in close apposition, and adjust the edges with great nicety. Bits of cork, or other substances, can then be placed upon the projecting pin points, that they may be no inconvenience, by catching in the clothes. These I believe to have an advantage over the other forms of silver suture, in being more easily applied, and over the common one:

1st. By being much less irritating, and therefore promoting union by the first intention.

2nd. By being much more easily applied, as double the number can be adjusted in the same length of time.

3rd. They can be readily and quickly changed as to position, either nearer to the edge of the wound, or more distant from it; so that in case ulceration begins at any one point, or the stump is too full at a particular spot, the pin can easily be withdrawn, and the loop placed at a different part of the surface.

4th. They are more readily removed, when the period arrives for the whole number to be dispensed with; and

5th. They can be kept in any quantity ready for use, doing away with the trouble of threading needles; and in military practice the surgeon could have a box of these loops and pins at hand, which may be quite a convenience, and having been thoroughly cleansed, they may be used several times.

Perhaps this may be of no particular importance; still, however, not much improvement can be made, in surgical or medical science, unless all new ideas are communicated, be they of consequence or otherwise, and this may, upon more extensive trial, merit the attention of the profession.—*Boston Med. and Sur. Jour.*

Treatment of Wounds Produced by Venomous Serpents.

BY DR. DIEDER.

Being convinced of the correctness of the views of Robin and Verdel (*Chime Anatomique*) as to the analogy existing between ferments and the causes of certain virulent diseases, and knowing that fermentations are absolutely checked by the presence of acids, albumen and alcohol, I have endeavored to verify the value of this opinion by practice. An occasion soon presented itself, during a sojourn in Brazil, of experimenting, and, for a period of sixteen months, I have seen experiment give entire sanction to my theoretical notions.

It frequently happens that men are victims to the bites of venomous reptiles, which abound in the torrid zone. The ordinary symptoms are, acute pain in the bitten part, which swells, becoming shining, red, warm, violet, then livid, cold, and somewhat insensible; the pain and the inflammation are extended along the great nervous trunks and lym-

phatic vessels; soon are manifested lypothymia, nausea, gastralgia, dyspnoea, cardialgia, bilious vomitings, cold and colliquative sweats, tympanitis, acute gripings, acute lumbar pains, relaxation of the sphincter ani, a species of paralysis of the neck of the bladder, and, consequently, involuntary discharges of fæces and urine. Then the pulse is small, hard, intermittent; the skin (even that of the negro) becomes pale and yellow; blood, black, liquid and sanious, runs from the wound, which assumes a gangrenous appearance. If a series of such grave symptoms, analogous in more than one respect to those of diffused phlegmon and purulent infection, is not soon relieved by the aid of art, they increase still more, and those portions of the body affected by œdema are covered with phlyctenæ, which indicate the coming of sphacelus; hæmorrhages from the eyes, ears and anus, and death takes place in the midst of ataxic or adynamic symptoms.

In many cases, I have been able, by the treatment which I shall indicate, to check all the symptoms, and to restore health in a very short time, to the blacks, who, wounded by serpents either in hand or foot, presented cases of great inflammation, extending even to the ganglia of the articulations nearest the trunk.

The treatment is that by *alcoholization*, and consists in administering a moderately large quantity of brandy, rum, or other alcoholic liquor, varying with the age and strength of the individual; generally, the first dose should be from 50 to 100 grammes. Immediately after the accident, an aromatic infusion is to be prepared, which should be given to the patient to drink, as warm as possible, immediately after drinking the alcoholic liquor.

The patient should be kept in this state of alcoholization until the local and general symptoms have improved, and the partial disappearance of the swelling and pain can be readily perceived. This period may last twelve or twenty-four hours, or longer, according as the treatment has been commenced sooner or later after the bite. During this period, there should be administered hourly about 60 grammes of the warm aromatic infusion, with from 10 to 15 grammes of the alcoholic liquor. As soon as the symptoms appear to retrograde, it is sufficient to keep up the cutaneous transpiration by means of warm tisans, and to administer a saline cathartic. In cases where the amendment is followed by a relapse, alcoholization must be again had resort to.

This method I have never known to fail when it was employed within two hours, or perhaps a little longer, after the wound had been received.

These observations have been made in the interior of Brazil, in the midst of the coffee plantations on the banks of the Parahyba. The treatment has been employed not only on man, but also on animals; a watch-dog of large size, which had been bitten in the forehead by a trigonocephalus, the two fangs being left in the wound, was subjected, after the withdrawal of the fangs, to an alcoholization for twelve hours, with success; in this case, however, the swelling of the head had reached enormous proportions, so that it was impossible to recognize the eyes. The same fortunate result was obtained in the case of a mule bitten in the nostrils.

The local treatment consists in distending the wound so as to be sure that the reptile's fang is not present, and to cause blood to flow so as to wash out the poison that may have been deposited; a cupping-glass may

be used for this purpose. Finally, after having washed it well, compresses of alcoholized water are employed, which should envelop the whole limb, if the poison has made any progress. It is, of course, understood that the subject is kept warmly covered in bed.

If one compares the series of symptoms produced by the bites of venomous serpents with those of anatomical wounds, the analogy is more manifest. The same treatment has succeeded in the latter cases. Two anatomical wounds of the hand, which had already produced swelling of the glands of the axilla, with tumefaction of the elbow-joint, were entirely managed by this method; the same evening there was an amelioration of symptoms, and a cure resulted. The happy influence of alcoholization in these cases is explained by the supposition that the alcoholized system being protected from the action of the poison-ferment, can then by its own unaided efforts throw it off by the natural emunctories, without being exposed to its deadly effects. *Alcohol is to ferments what chloroform is to pain.* It is a subject of public notoriety in Brazil, that a man in a complete state of intoxication may be bitten by a venomous serpent with impunity.

Such are the facts to which I have desired to call attention. It is possible that this succinct expose, by opening up a new mode of experimentation, may lead to new experiments for the cure of putrid infections, carbuncle, and probably hydrophobia.—*Amer. Med. Monthly.*

On a Case, of Chorea.

BY RICHARD ELLIS ESQ., L.R.C.S. EDIN.

The following case is chiefly remarkable because of the age of the patient, and from the fact of the affection having returned at regular intervals thrice in the course of a long life-time. It also tends to prove the hereditary connexion of chorea with epilepsy and insanity.

On January 4th, 1859, I was called to see the patient, a gentleman aged seventy-five, of bilious temperament and active habits. He stated that he had been troubled with rheumatic pains in different parts of the body at various periods, but never had acute rheumatism. Two members of his family were subject to affections of the nervous system; a daughter having epilepsy, and a son being insane. He said that he was first attacked with a shaking affection of his limbs when in his twenty-fifth year. It came on after convalescence from fever, when he grew very stout in a short time; and he always refers to this as having some connexion with the origin of his complaint. The second attack came on in his fiftieth year. He thought that he had derived little benefit from treatment for these attacks; but that the disease exhausted itself after several months, and so disappeared gradually. His present and third return of the affection was preceded by anxiety of mind and depression of spirits, occasioned by family troubles. The choreic movements came on at irregular periods during the day, continuing several minutes, and were varied in their duration and intensity. I had not long to wait before I had an opportunity of witnessing the affection. He first became uneasy, and said he was about to be affected. This was succeeded by twitchings of the muscles of the left side of the face; then the arm and leg of the same side commenced shaking. The motion of the arm soon increased in an extraordinary degree; it was all up-and-

down motion, similar to that produced in using a hand-saw in a rapid manner. An attempt that was made to restrain the motion of the limb had certainly the effect of aggravating it; but after several minutes the movements subsided, leaving the patient very much exhausted. On examining carefully now, I had reason to think there was some congestion of the liver, and I ordered five grains of mercury pill to be taken at bed-time, followed by a saline purgative in the morning; also ten minims of nitro-hydrochloric acid every four hours, diluted with water. On the next day he was rather better, and thought he had passed a good night. A member of his family suspected, from the state of the bed-clothes early in the next morning, that he had been shaking in his sleep, but of this there was no other corroboration. I now gave him strychnine in doses of one-sixteenth of a grain three times a day, continuing the nitro-hydrochloric acid, with an occasional mercurial. The frequency of the shakings gradually diminished under this treatment, and in the course of about ten days or so he was altogether free from them.

I saw this gentleman in August last, up to which time he had had no return of the affection. He still took the strychnine and acid in diminished doses, now and then, as a tonic, and he believed with much benefit.—*London Lancet*.

On the Therapeutic Employment of Oxide of Zinc.

BY S. WATERMAN, M. D.

Oxide of zinc is known to be a powerful therapeutical agent, yet its peculiar mode of action upon the human organism, and the various diseases in which it finds a rational application, are by no means yet fully understood. In the U. S. Dispensatory, the account given of this article is meagre and unsatisfactory. Some of the European Pharmacological works give a more minute description, but also without by any means exhausting the subject. I shall probably not state much that is new to *all* the readers of the *Monthly*, but from the observations which I have had the opportunity of making, I feel called upon to direct the attention of the profession to this medicine.

¶ Oxide of zinc exerts a powerful sedative or soothing influence over the brain and the ganglionic nerves. Whether this influence is produced by direct action of the zinc upon the brain; whether it acts by a sort of revulsive influence, by transferring cerebral irritation to the plexus of the stomach, it is not possible as yet to tell. Its operations seem to be exceedingly mild, and free from after effects, such as are observed after the use of opium, and the kindred narcotics. In all cases where these narcotics are contra-indicated in diseases of the brain, zinc may be given, and in many of these cases its effects are positive and lasting; so that I have often considered it worthy of the title of "the opium of the brain." Its ability to soothe vascular excitement dependent upon cerebral and nervous irritation cannot well be doubted; whilst it possesses equal power to allay and calm the irritation of the brain and ganglionic nerves, unaccompanied by inflammatory action of these tissues.

It has proved itself useful to a limited extent, also, in inflammation of the brain and its membranes, but in a manner less marked and

positive; and I think it, therefore, less worthy of confidence in these diseases.

From its action as described above, it is rational to expect beneficial results from its exhibition in the following diseases; and these expectations are borne out by actual trial and observation:

1. In *Delirium Tremens*. Indeed, when all other remedies seem to fail, when opium and its kindred narcotics had been unable to make an impression, and a fatal issue seemed unavoidable, oxide of zinc has in several instances rendered me such signal service, as fully to justify the confidence I feel in its therapeutical power. It need not be given in large doses even here; two to three grains every two hours are sufficient. It may be combined, if necessary, with opium or other remedial agents; and its use should be continued for some time even after the delirium has been overcome.

2. In *Eclampsia Infantilis*, after the fits have been broken by the use of chloroform, zinc will be found a very serviceable agent to control the cerebral and nervous agitation, which almost always still harasses the little patient for a short time. I have often combined oxide of zinc, in grain doses, with calomel, digitalis, and pulv. scillæ. Its effects have been thus most gratifying, and the impartial practitioner can certainly readily verify the truth of the observation. As in the former disease, its use ought to be continued after the convulsions have disappeared.

3. In the *Eclampsia* happening during pregnancy or labor, or menstrual irregularities, oxide of zinc acts beneficially upon the sensorium, with or without the administration, at the same time, of opium and calomel; especially in those cases where the convulsions originate from a high state of nervous sensibility, as is the case in subjects to hysteria, in its various forms. After the employment of chloroform, zinc will be found to exert its sedative influence in a most positive manner. I have given two to three grains per dose, every two hours, and would not advise a larger dose. In convulsions produced by plethoric habits, its effects are less reliable; whilst in convulsions arising from uræmic toxication, its effects have not been sufficiently tried to warrant any positive statement in its favor.

4. It will be found a most reliable agent in the various forms of *hysterical convulsions*, depending, as they do in most cases, upon inordinate action of the nerves and their centres. It is in these cases that its influence over the plexus of the stomach is most strikingly verified.

5. In the *exanthematic diseases*, when the eruption is accompanied by cerebral irritation, and even by convulsions, oxide of zinc has long been known to exert a soothing effect upon the nervous centres, and has been used by the most experienced European practitioners.

6. I have treated a few cases of *epilepsy* and a few cases of *chorea* with zinc. I have not had sufficient opportunity to watch its influence, but believe it to be, as stated by various practitioners, from time to time, for more than half a century, a very efficacious remedy in some cases; more especially, it is true, of chorea than of epilepsy.

7. European writers recommend it as an excellent remedy in asthmatic difficulties and whooping-cough; but I have no experience to offer on this head, nor on the three following.

8. In England and in this country it has been very highly extolled

against the night-sweats of phthisis, and as useful in all cases of profuse perspiration.

9. It has also been well recommended against worms, and still more against chronic dysentery.

10. To complete the list, I must yet mention that it is reported to have cured some of the most obstinate cases of intermittent fever.

The external use of oxide of zinc—unsurpassable in its satisfactory results, as it sometimes is—seems to be well understood by the profession generally.

In the estimate I have placed on the oxide of zinc, I have relied strictly on the results of my own practice. I have the notes of a number of cases in point, which I withhold from publication, so as not to increase the length of this article; and I urge on all physicians to contribute their quota to our knowledge on the subject, to the end that its physiological effects and therapeutical uses can at last be definitely determined.—*American Medical Monthly.*

Report of Two Cases of Rupture of the Uterus.

BY JOHN SWINBURNE, M. D.

Mrs. J. F. a native of Ireland, aged thirty-four years, healthy constitution, has borne five healthy children, the first of which labors was tedious, but normal; the remaining four were easy and normal, at the last of which I officiated as accoucheur. The sixth and last was attended by my assistant, Dr. J. G. Smith, who furnished me with the following facts: Mrs. F. was taken in labor about 6 P. M., labor moderate, until 10 P. M., when the pains became very active, and much of the time little intermission existed between the pains. Examination per vaginam at this time revealed a vertex presentation, left occipito-iliac position, and anterior variety; labor continued active, until the head pressed firmly against the perinæum, and it seemed as if one pain more would complete the labor. During an active expulsive effort, the pain suddenly ceased, and did not again return. She commenced retching with slight vomiting, followed by prostration.

This condition continued for about an hour from the suspension of the pain. When I saw her she presented the following symptoms:

Face flushed and anxious, pulse about 120 per minute, full, soft, and compressible; with an occasional distinct jerk and intermission; breathing, quick, painful, and irregular; skin moist, and clammy; great sense of soreness, and pain in the chest, shoulders, and abdomen; all the time wishing that she could sleep that she might die easy.

My first impression was, that it was a case of simple uterine exhaustion, and made an examination per vaginam; found the presentation as above described. Notwithstanding the recession of the head it was still low down in the pelvis. Examination of the abdomen revealed the full form of the child, (from its feet to near its shoulders,) directly within the abdominal walls, clearly showing that it had escaped from the uterine imprisonment, into the abdominal cavity. So distinct was the feeling that no doubt remained upon my mind, as to the nature of the accident.

Auscultation revealed the absence of the foetal circulation, both as to the heart's action, and placental bruit. This rendered the delivery un-

important, so far as the child was concerned; while the sinking condition of the mother showed that life was ebbing, and that all efforts of the accoucheur would be unavailing. These symptoms increased, and she continued to sink, accompanied by cold, clammy perspiration, breathing about 50 per minute, circulation from 140 up to imperceptibility, when she died at 5 A. M., being about $3\frac{1}{2}$ hours from the time of the rupture.

The interesting features in this case, are: 1st. That all her labors were normal, and all but the first easy. 2d. That this labor was nearly completed, when suddenly without any apparent cause, the rupture takes place. 3d. She had enjoyed perfect health during the pregnancy, and that during labor, the os dilated naturally with sufficient of healthy secretions, and no heat or evidence of inflammatory action about the parts. 4th. She had not taken any uterine stimulants, such as ergot, etc.

Unfortunately no dissection or post-mortem could be obtained.

For the following very interesting case, I am indebted to Dr. J. V. P. Quackenbush, (Prof. of Midwifery in the Albany Medical College,) through whose kindness I made the autopsy, and who has since kindly furnished me with its history, which I will here append.

Mrs. Moore, aged thirty years, was taken in labor with her first child Jan. 3d, 1857. The presentation was vertex; the position, left occipito-anterior. The labor was protracted and very severe, owing to a disproportion between the pelvis and the child's head, and was terminated by the forceps. The child, female, was still-born. The mother had a speedy recovery.

The patient was again confined July 17th, 1858. A midwife was in attendance for twenty-four hours, when, the woman suffering severely, I was called to see her. As I entered the room, the patient gave a loud shriek, and begged me to deliver her immediately. She was on her knees, leaning against the bed. I directed her to be placed in the bed; and having made an examination, attempted to apply the forceps, but failed, as the head was so movable that it could not be clasped by the blades. I immediately suspected what the difficulty was, and had her placed in a comfortable position. At 8 o'clock A. M. the pains entirely ceased, and there was no repetition of them. The patient continued to fail in strength, and died in twenty hours. There was no vomiting during this time, and no symptom indicative of the accident, except a sudden cessation of the pain, and a gradual sinking of the vital powers.

Four hours after death, I assisted my friend, Dr. Swinburne, in making a post-mortem examination: when our diagnosis was verified; we found the following condition of the parts. Upon laying open the abdomen, we found the child outside the uterus. On examining the uterus, we found a large laceration at the right inferior anterior portion near its connexion with the vagina.

The cause of the accident was the undue disproportion between the child's head and the pelvis, and probably occurred when she was leaning against the bed, and it was this that elicited the shriek which she uttered previous to my entrance into the room.

The point of interest in this case was the absence of those symptoms which are generally met with in cases of rupture of the uterus.—*Med. and Sur. Reporter.*

Menstruation: Its Condition in Pulmonary Tuberculosis.

BY A. P. DUTCHER, M. D.

PART FIRST.

Menstruation is a term derived from the Latin word which signifies *month*; and in every woman, when healthily performed, it occurs monthly, and is an evidence of her ability to bear children. As a great physiological process, it may be said to divide the life of woman into three periods. The first is that of infancy and youth, and exists, in the generality of cases, from birth to the fourteenth or fifteenth year. The second comprises the most important period in her life—that in which she is capable of becoming a mother. This usually ceases at her fortieth or forty-fifth year. This period is commonly called the change of life. The third is the remaining period of her life. But cases are constantly presenting themselves, to every physician of extensive practice, in which the menses make their appearance as early as twelve or thirteen, and its appearance is sometimes delayed till the seventeenth, and even the twentieth year.

The following table is from Dr. Lee's Work on the Diseases of Females, and is an exhibit of the time of its appearance as noticed in 1781 women of England and France:

<i>In 1781 women, it occurred,</i>			
At 11 years, in.....	110	At 16 years, in.....	284
" 12 "	144	" 18 "	144
" 13 "	356	" 19 "	72
" 14 "	366	" 20 "	40

These observations coincided with some tables that have been made in this country, on a less extensive scale, and although cases have been reported of discharges very much resembling menstruation occurring in extreme infancy, there is no proof that such discharges are identical with it. They depend, for the most part, upon ordinary congestion of the uterus, in the same manner, and for similar causes, that may produce congestion of the lungs, and consequent hemorrhage in infants and adults. A mother came to my office with her little daughter, aged eight years, very much alarmed, stating that she believed her child was menstruating, she had been in the same condition four weeks before. A careful examination of the case proved the existence of hæmaturia.

Various causes may contribute to the early or late appearance of the menses, such as climate, constitutional temperament and the habits of life.

Thus, authors tell us that, in the south of India, and other hot countries, girls begin to menstruate at eight, nine, and ten years of age; but, advancing to the Northern climates, there is a gradual protraction of the time, till we arrive at the extreme North, where women do not menstruate till they arrive at mature age, and then in small quantities at longer intervals, and sometimes only in summer. And it is also said, that when they do not menstruate according to the genius of the country, they suffer equal inconvenience as in warm climates, where the quantity discharged is greater, and the periods shorter.

I have, for several years, observed that the menses appear much earlier in females of the nervo-sanguineous temperament than those of the other temperaments. Persons thus constituted have an exuberance of the vital forces; hence all the physiological changes are accomplished

more speedily—indeed, all here is life and activity, there is no dullness or inactivity, either of mind or body; all things are in the spring time to it, and the young miss is sometimes a mother at fifteen. An instance of this kind recently came under my notice. She had an easy labor, the child was of an average size, and at the present time is doing well. The mother of this patient informed me that she changed regular at the age of twelve. For her age she was an individual of precocious mind, and also of very beautiful physical development—a perfect Venus.

Certain habits of life will likewise accelerate its appearance; and among them there may be enumerated the premature cultivation of the passions by the perusal of obscene romances, the inspection of lascivious pictures, the theatre, and the ball-room; the bad example of premature libertinism, of which too many examples are unfortunately furnished in large cities. These specimens of premature puberty, the miserable consequences of too great vivacity of the passions, are sometimes met with as early as the tenth year.

"In this city," says a distinguished physician of New York, "I have known several instances of menstruation at the tenth and eleventh years, and in all the instances that have passed under my observation, the children were born of parents who had exhausted the powers of life by too severely taxing the nervous system in the pursuit of pleasure. One instance in particular, was that of a scrofulous child, with curvature of the spine. In this case, a tender but unwise mother, contrary to our often-urged entreaties, persisted in feeding the child with highly spiced food, tea, and coffee, bathing it in excessively warm water, and putting it to rest upon a down bed. The consequence was the appearance of the menses at the eleventh year, and death at the sixteenth. Tonics, sea-air, and every aid that wealth could offer, availed nothing, and the girl died from pulmonary tuberculosis."

When menstruation is properly performed, when it occurs at the proper age, that is to say, between the fifteenth and sixteenth year, the individual may be regarded as most fortunate. "A premature eruption of the menses," says Dr. Meigs, "is always to be deprecated, because it is the evidence of a precipitate development of certain parts or structures, while others, not less important in the same category, are delayed and incomplete. The individual who passes at a usual and healthy rate through all the stages of growth and development, from infancy up to maturity, is most likely to enjoy a healthy and happy life, free from weakness, pain, and the danger of premature death. Death loves a shining mark, it is said, and those children, whose youth astonish us by the early perfection of their structures or their intellectual forces, are snatched soonest from the world, as the earliest blossoms are ever most exposed to the chilling frosts of spring."

PART SECOND.

In pulmonary tuberculosis, the menses are almost always suppressed; and the reason for this is very obvious. Phthisis being a constitutional disorder, wherein the life-forces are enfeebled by a failure in some of the blood-making organs, the uterine functions cease for the want of proper nutriment, and not from local disease. Hence we frequently see young women lose their menses without any visible cause, when all at once symptoms of phthisis will present themselves, and the case will

proceed to a hasty termination. But in some cases they are not suppressed at the commencement of the disease; they may be irregular, scanty, and may occur every ten or fifteen days; but, as the disorder advances to the latter stage, they are always suppressed. I cannot now remember but two instances where it continued regular until the last. These were exceptional cases, and occurred in patients who were nearly forty years of age.

My experience leads me to the belief, that the menses are more generally suppressed at the commencement of the disease, in every young woman, than those who are more advanced in life. M. Louis found that, the duration of phthisis was less than one year, the average period of the menstrual suppression was about the middle of its progress. When the tuberculous affection was prolonged from one to three years, the suppression occurred during the last third. Thus in a young woman, in whom the disease lasted three years, the menses ceased at the end of the thirteenth month; while another individual of the same age, and in whom the disease was similar, continued to menstruate to within two months of the fatal period.

The sudden suppression of the menses in an individual who has an hereditary proclivity to pulmonary tuberculosis, should be looked upon as a very suspicious circumstance, particularly if she be unmarried. A young woman ceases to have her regular menstrual discharge, she becomes pale and feeble; she has pain in her head, loins, and limbs—after a certain time she emaciates; her friends become alarmed and call in a physician. He gives her case a very superficial examination, and refers all her difficulties to a cessation of the menses. Remedies are prescribed with a view of restoring them, but, alas! they are without effect, and the medical attendant is suddenly aroused to the sad conviction that he has made a mistake in his diagnosis—phthisis, with all its formidable features, is staring him in the face.

It was for a long time the opinion of writers on pulmonary tuberculosis, and Dr. Lawson, in his recent work on this subject, does not discard the idea, that the disorder, arising from the menstrual suppression, might lead to the deposit of tubercular matter in the lungs. We do not consider the suppression of the menses in any way a cause of the malady in question. In this case they cease from a failure of the vital forces, as already remarked, and it is a very marked symptom of the great constitutional disorder, which is ultimately to result in the dissolution of the entire fabric.

But females are so liable to suppression of the menses from other causes, and its condition is so variable in the early stages of phthisis, that, as a symptom of the disease, it should be taken with some caution. And I have long since come to the conclusion that, when pulmonary tuberculosis has made any considerable progress, all active efforts to restore it by the use of emmenagogues are altogether out of place, and that they are productive of injury; that they stand in the way of other medical agents that are calculated to overcome the constitutional malady, and thereby restore the uterine functions.

The utility of this course can be attested by every physician who is in the habit of treating patients of this description. Here is one case out of several that we could cite:

Aug. 5th, 1859. Called this day to see Miss——, aged 19; has not been well for three months; has a slight cough on rising in the mor-

ning, with mucous expectoration; pulse 98; respiration 25; has fever in the latter part of the day; spirits hopeful; appetite not good; menses suppressed for four periods; bowels costive; very restless at night, with pain in the small of the back and limbs. Thompson's gingival present on the gums of the lower jaw; urine scanty and very high colored; had slight hæmoptysis four weeks since; has no hereditary title to phthisis. Menses made their appearance at fifteen, and have been very regular up to the time of their suppression, and knows no cause for their disappearance. Her habits are very retiring, and for several months has taken but little exercise.

The physical signs are very marked; inequality in the expansions of the two sides of the chest; perceptible dullness on percussion at the right inferior clavicular region, and, on auscultation in the same region, the prolonged expiratory murmur is very audible. On the left side, the sounds are normal, with the exception of a little increased resonance.

The case was set down as one of limited tubercular deposits in the superior lobe of the right lung; and the following treatment was instituted. Counter irritation to the region affected, with one of the following pills three times a day, two hours after eating:

℞ Sulph. quinia.
Bronfid. potass, aa grs. xxx.
Ext. scutellaria lata. ʒj.

M.

Divide into thirty pills.

Sept. 1. Patient very much improved; continued pills, with the addition of a tablespoonful of cod liver oil, three times a day.

Oct. 1. Still improving; had a slight menstrual discharge three days since; treatment continued.

Nov. 1. Patient is quite well; is able to ride several miles a day on horseback; has gained in weight fifteen pounds. From this period up to the present time, her menses have been very regular, and her general health very good. There is, however, still more dullness, on percussion, just under the clavicle, and, on auscultation, the respiratory murmur is not as clear and distinct as it should be over the entire superior lobe. The tubercular disease has probably been arrested by the correction of the constitutional vice, and the transformation of the tubercular deposits into cretaceous matter.

The regular recurrence of the menses in phthisis, after they have been suppressed for some time, is a good indication. I have the notes of several cases, where their appearance was almost the first symptom of amendment. I have the history of one case in particular, which I cannot refrain from presenting to the reader:

The patient was a young woman, aged eighteen, the only daughter of a widowed mother. I found her in the cottage of loneliness and poverty; she had toiled hard to support herself and mother; had endured numerous privations, and lived on scanty fare. At the time of my visit, she had been ill for six months. Her general symptoms were all indicative of phthisis; her eye had an unearthly brightness, and her cheek the brilliant flush of hectic. She was also very much emaciated, and was very weak—could not sit up more than an hour during the day. Her appetite was good, and her bowels regular; has never had diarrhoea or hæmoptysis; the menses have been suppressed from the beginning. The physical signs pointed out the existence of a considerable

cavity in the superior lobe of the left lung. The right lung was free from disease.

From the symptoms and signs, he regarded her case as well nigh hopeless. There were, however, three things that inspired us to make an effort to restore her to health: the absence of Thompson's gingival margin, the limited extent of the local lesion, and the integrity of the stomach and bowels. So far as I could discover, there was but a single suppurating cavity in the lobe affected, without any further signs of tubercular deposits. Cases of this kind will more frequently recover than those where the deposits are much smaller, but more universally distributed throughout the pulmonary tissues. And I have sometimes seen instances where a large cavity appeared to act as a kind of preventive to the further extension of the tubercular disease, and the individual would live much longer than were they more numerous, and extended to both lungs.

This patient was treated to iodine, iron, cod-liver oil, brandy, and a very nutritious diet, just as they could be tolerated, for the space of three months. Her menses appeared very slightly at the fourth week; more abundant at the eighth, and at three months more nearly normal in quality and quantity. From the eighth week her improvement was very marked. The expression of her countenance became more natural; her pulse and respiration less frequent; cough not so troublesome, and expectoration very moderate in amount. The cavity was about nine months in healing. This case occurred three years since—the patient has enjoyed a fair amount of health ever since. The only marks of the disease left are hurried respiration and slight flattening of the superior part of the left chest.

There are some practitioners who are in the habit of considering the lungs perfectly safe so long as a woman menstruates regularly. They regard phthisis and menstruation as incompatible; but this is a delusion, for some individuals will menstruate and give birth to robust children until the very last. And it is sometimes astonishing with what perfection the womb will perform its appropriate functions, even when the lungs are so impeded in their action by tubercular disease that they can hardly supply the system with oxygen sufficient to support animal life. Yet the fœtus will thrive in utero, and, to use the language of Dr. C. Meigs, "issuing into the world redolent of life, and escaping, as it were, from the sepulchral cavity of its dying mother's womb."—*Med. and Sur. Reporter.*

Chemical Analysis by Spectrum Observations.

BY PROFESSORS BUNSEN AND KIRCHOFF.

This exquisite method of qualitative analysis is founded on the power possessed by many substances of developing peculiar bright lines in the spectrum of a flame in which they are introduced. The bright lines in this manner show themselves most plainly when the temperature of the flame is highest and when its illuminating power is least: hence Bunsen's gas-burner, which gives a flame of very high temperature and very slight luminosity, is well adapted for experiments on the bright lines of the flame-spectra produced as above described.

The apparatus employed by Messrs. Kirchhoff and Bunsen in their spectrum observations is thus described in Poggendorff's *Annalen*.

A box is blackened on the inside, having its horizontal sections in the form of a trapezium, and resting on three feet; the two inclined sides of the box, which are placed at an angle of about 58° from each other, carry two small telescopes. The eye-piece of the first telescope is removed, and in its place is inserted a plate, in which a slit made by two brass knife-edges, is so arranged that it coincides with the focus of the object-glass. The gas-lamp stands before the slit in such a position that the mouth of the flame is in a straight line with the axis of the second telescope. Somewhat lower than the point at which the axis of the tube produced meets the mouth, the end of a fine platinum wire bent round to a hook is placed in the flame. The platinum wire is supported in this position by a small holder, and on to the hook is melted a globule of the dried chloride which it is required to examine. Between the object-glasses of the telescopes is placed a hollow prism, filled with bisulphide of carbon, and having a refracting angle of 60° ; the prism rests upon a brass plate, moveable about a vertical axis. This axis carries upon its lower part a mirror, and above that the arm, which serves as a handle for the prism and mirror. A small telescope placed some way off is directed towards the mirror, and through the telescope an image of a horizontal scale fixed at some distance from the mirror is observed. By turning the prism round every color of the spectrum may be made to move past the vertical wire of the last mentioned telescope, and any required position of the spectrum thus brought to coincide with the vertical line. Each particular portion of the spectrum thus corresponds to a certain point on the scale. If the luminosity of the spectrum is very small, the wire of the telescope may be illuminated by means of a lens, which throws a portion of the rays from a lamp through a small opening on the side of the tube of the telescope.

From a long series of preliminary experiments with this apparatus, the authors satisfy themselves that the appearance of certain bright lines in the spectra may be regarded as absolute proof of the presence in the flame of certain metals, and that they serve as reactions, by means of which these bodies may be recognized with more certainty, greater quickness, and in far smaller quantities, than can be done by help of any other known analytical method, no matter what may be the nature of the body with which the metals are combined.

The wonderful delicacy of the spectrum-reaction of *sodium* is evinced by the following experiment, which the writer had the good fortune to witness in the laboratory of Professor Bunsen, in Heidelberg. In a far corner of the experiment room, the capacity of which is about 60 cubic metres, (one cubic metre equals 35.3 cubic feet,) was burnt a mixture of 3 milligrammes (0.0462 gr.) of chlorate of sodium with milk sugar, while the non-luminous flame of the lamp was observed through the slit of the telescope. Within a few minutes the flame, which gradually became pale and yellow, gave a distinct yellow sodium line, coincident in the solar spectrum with Fraunhofer's dark line, lasting for about ten minutes, and then entirely disappearing. From the weight of the sodium salt burnt, and the capacity of the room, it was calculated that in one part by weight of air, there was suspended less than 1-20,000,000 of a part of soda smoke. As the reaction can be quite easily observed in one second, and as in this time the quantity of air which is heated to ignition by the flame could be calculated from the rate of issue, and from the composition of the gases of the flame the surprising result.

came out that the eye is able to detect with the greatest ease quantities of sodium salt less than 1-300,000 of a milligramme in weight. The reaction of *potassium* is not nearly so delicate; the spectrum contains only two characteristic lines, one in the outermost *red*, and the other in the *violet* ray of the solar spectrum—points at which the eye ceases to be sensitive to the rays. The presence, however, of 1-1,000 of a milligramme of the metal could be readily detected. *Lithium* gives two sharply defined lines—the one a very weak *yellow* line, and the other a bright *red* line, both towards the extreme red end of the solar spectrum; though the action is not so sensitive as with sodium, it is by far the most delicate test of the metal, the eye being capable of distinguishing with absolute certainty a quantity of carbonate of lithium less than 9-10-000,000 of a milligramme in weight. The authors found, to their surprise, that lithium, instead of being a rare substance, was a very widely distributed one, occurring in almost all bodies. They found it in the water of the Atlantic; in the ashes of marine plants, in pure spring water; in the ashes of tobacco, vine leaves, and of grapes; and even in the milk of animals fed on crops growing on the Rhine plant, on a non-granite soil. *Strontium*, *barium*, and *calcium*, all give characteristic spectra; that of *strontium* is characterized by the absence of *green* bands. It contains, however, eight remarkable ones, namely, six *red*, one *orange*, and one *blue* line. To examine the intensity of the reaction, Kirchhoff and Bunsen threw up in the air of the room, in the form of fine dust, 0.077 grm. of chloride, and thoroughly mixed the air by rapidly moving an umbrella; the line immediately came out, and realized the presence of the 6-100,000 part of a milligramme of strontium. The *barium* spectrum is distinguished by two very distinct *green* lines, by which the authors were enabled to detect with certainty 1-1,000 of a milligramme of the metal. *Calcium* gives a broad and very characteristic *green* line, and moreover a bright *orange* line lying near the end of the spectrum. 6-10,000,000 of a milligramme of the chloride of the metal could be easily detected. It is particularly worthy of note that spectra reactions of different metals do not interfere with one another; that each being characterized by some one or more special lines, it is easy to make a qualitative analysis of a compound containing several elements: thus, Kirchhoff and Bunsen were enabled to exhibit the reactions of *potassium*, *sodium*, *lithium*, *calcium*, and *strontium*, in several mineral waters; to show the bands of *sodium*, *potassium*, *lithium* and *calcium* in the ashes of a cigar moistened with hydrochloric acid, and to point out the differences in the composition of various limestones. But the greatest triumph of the new method of analysis was the discovery of a fourth member of the group of alkali metals. While working on the residue of a mineral water from Kreuznach, a spectrum was obtained which gave lines as simple and characteristic as those of lithium and sodium, but which were *blue*, and were not referable to any known element; these indefatigable chemists evaporated down no less a quantity than twenty tons of the water, and obtained 240 grains of the platinum salt of the new metal, which they call *cæsium*, from the Latin word *cæsius*, signifying grayish blue, that being the tint of the two spectral lines which it shows. The new metal is very analogous to potassium, but differs from it in the solubility of its nitrate in alcohol. Its equivalent is 117, being exactly three times that of potassium. It is scarcely possible to overrate the probable importance to chemical science of this.

new and beautiful method of analysis. "In spectrum analysis," observe the authors, "the colored bands are unaffected by any alteration of physical conditions, or by the presence of other bodies. The positions which the lines occupy in the spectrum, indicates the existence of a chemical property as unalterable as the combining weights themselves, and may therefore be estimated with almost astronomical precision; it extends almost to infinity the limits within which the chemical characteristics of matter have hitherto been confined. By an application of the method to geological inquiries, the most valuable results may be expected; it opens out, moreover, the investigation of an entirely untrodden field, stretching even beyond the solar system, for in order to examine the composition of a luminous gas, we require, according to this method, only to see it; and it is evident that the same mode of analysis must be applicable to the atmosphere of the sun and the brighter fixed stars."—*Chemist and Druggist.*

Arsenic Smoking in Asthma.

The known alterative action of arsenic on the mucous membranes, as well as on the skin, would seem to account for its successful employment in asthma. A recent letter to the London *Lancet*, from Frederic G. Julius, M. D., which we re-publish entire, gives the following interesting case:—

"A French lady has been subject to spasmodic asthma for twenty-five years, during twenty-one of which she had been frequently bled, had issues and setons, smoked belladonna leaves and stramonium, taken every species and form of medicine, changed her residence to various places in Europe, and all without the slightest benefit.

"Four years ago, when at Marseilles, Dr. Cauvin read an account to her of the benefit derived by asthmatics in China from smoking arsenic. Her sufferings were so great that, although Dr. Cauvin fully pointed out to her the risk and danger she incurred, she insisted upon trying it.

"She commenced smoking a quarter of a grain of arsenic three or four times daily in a cigarette, and this she continued to do for about fourteen days, with the greatest benefit to her breathing and general health. She has subsequently much increased the dose, and when she feels an attack of asthma coming on, she does not weigh the arsenic, but takes up what she considers a sufficient dose with a small paper knife. I asked her to-day to give me in a piece of paper the dose she intended smoking, which she did, and on weighing it carefully I found it a little over three grains. I analyzed it, and found it to be pure arsenic acid. I must also mention the important fact that she does not inhale the fumes and blow them out again, as in ordinary smoking, but when her mouth is full she swallows the smoke.

"The only ill effects she has ever experienced is swelling of the eyelids, and, when she first commenced, slight pricking pains in the stomach, but never to any troublesome extent. She considers herself cured. From being in a state of constant breathlessness and suffering, unable to lie down or make the slightest exertion, she is now able to go about like other persons, and is rarely threatened with an attack oftener than once in three or four months, and that is at once stopped by smoking *arsenic*, with a very small quantity of belladonna or stramonium in the

dose I have mentioned. She now uses, instead of a cigarette, a small red pipe about five inches long.

"She tells me that Dr. Cauvin has used arsenic in the same way in many cases of confirmed consumption, and has rarely failed in giving great relief and retarding the disease."

POISONING BY STRYCHNINE APPLIED TO THE PUNCTUM LACHRYMALE — Dr. Schuler relates an interesting case which occurred in Langenbeck's practice. In a case of amaurosis, in a man 50 years of age, about the twelfth of a grain (less than five milligrammes) of pure strychnine was introduced by means of an ear-pick into the *punctum lachrymale*; but as during this manipulation a portion of the powder was lost, about three milligrammes only entered the punctum. Three or four minutes had not elapsed when the patient's face became livid, and he was seized with spastic yawnings and vertigo. Free admission of air and cold aspersions were had recourse to, and "lavements" were administered. The symptoms continued to increase, as shown by the loss of speech and pulse, convulsive respiration, and violent tetanic shocks. Death seemed inevitable, when the severity of the symptoms abated, and after a copious evacuation of urine and fæces, all had passed off in less than half an hour. From this fact it is evident that, death might be rapidly caused by depositing in the corner of the interior of the eye from five to fifteen centigrammes of strychnia; and supposing the remaining adherent powder to have been cleaned away, the detection of the cause of death might become a matter of extreme difficulty. — *Gazette Medicale*.

NUMEROUS CÆSAREAN OPERATIONS BY ONE PRACTITIONER. — Dr. Winckel, of Gummersbach, near Cologne, practising among a rural population living in a very wretched hygienic condition, and very subject to osteomalacia, has had occasion during nineteen years to perform the Cæsarean operation, on account of deformed pelvis, thirteen times, the deformity arising from osteomalacia in eight, and from rickets in five instances. In four of these cases gastrotomy was required only, as, in consequence of the rupture of the uterus, the children lay in the cavity of the abdomen. This occurred twice in one woman, who had already once before undergone the operation. Of these three women, two recovered; and, in fact, the issue of the operations must be regarded as favorable, seeing that six of the women lived, one of them having been operated upon three times, and therefore giving a proportion of eight recoveries to five deaths. After the operations, which were performed under chloroform, opium was given, and no inflammatory symptoms ensued. — *London Med. Times and Gaz.*

PHLEGMON AFTER VACCINATION. — A case was related at the Society de Chirurgie of a healthy child, two years of age, living in the country, whose life was nearly lost through phlegmonous erysipelas following vaccination with healthy virus. A succession of abscesses formed during six weeks in the axillary and subpectoral regions, while the general symptoms much resembled those met with in meningitis. In the Society this was regarded as an example of a complication which may occasionally supervene after the most trifling operations. M. Robert and

various other members expressed their opinion that the chances of consecutive inflammatory accidents would be diminished if much larger intervals were left between the punctures than is generally the case. M. Giraldes, agreeing in this precept, still thought that more importance should be attached to the condition of the health of the vaccinated infants, for in the Children's Hospital, the inmates of which manifest morbid aptitudes, phlegmonous erysipelas is not rare, even after the most carefully-executed vaccinations.—*Gazette Hebdomadaire*.

EDITORIAL DEPARTMENT.

Post Masters.

We have no disposition to complain, and would bear much inconvenience rather than do so; but for the many letters we receive, making inquiry in regard to the *News*—some saying they have missed one or two numbers altogether. We can assure our friends that, although we have fallen back a little, still the numbers have been published regularly in order; and have been mailed accordingly. We will take pleasure in supplying missing numbers as far as we can.

We had reason to expect that a change in Post Masters would create some confusion, but did hope the *new* incumbents would soon learn their duties; it would be well to make some of them *pay* for their negligence,—the law allows it.

It is recorded in the *Medical Times and Gazette* that the heart of a man who was *smashed* by a body of rock falling upon him, weighing five tons, was found entire about five yards from the body, and, when first seen, actually palpitated. An arm, likewise, was literally cut off and thrown from the body. *

MILITARY HOSPITAL OF CINCINNATI.—We are happy to inform our readers that the scandalous reports concerning the medical management of this institution, have proven to be wholly false. Committees of investigation appointed by the citizens, have reported most favorably of its condition, and the treatment of the sick. The libels promulgated concerning it, have, no doubt, had their source in some of the numerous persons who have been admitted into it for the purpose of assisting in nursing, not being permitted to *control*:—with some people, it is rule or ruin. *

Treatment of Placenta Prævia.

In a late number of the *London Lancet*, Dr. Robert Barnes lays down the following rules for the treatment of placenta prævia:

1st. Detach, with one finger passed through the cervix, all that portion of the placenta which adheres to the cervical zone of the uterus.

2d. Tap the amniotic sac, and drain off the liquor amnii. To effect this some change of posture on the part of the patient—holding the cervix a little free from the presenting head, which sometimes acts like a ball-valve, completely closing the os—and firm pressure on the uterus externally, will sometimes be necessary.

3d. If the uterus still remains flaccid, and if hemorrhage continues; or, generally, where the patient is much exhausted, so that effective muscular contraction cannot be roused, artificial aid is called for in order to accelerate delivery.

The Dr. considers that the treatment, as laid down in the first two rules, will be adequate to the purpose in the large majority of cases of placenta prævia. He denies that hemorrhage increases with every successive detachment of placenta, and in proportion to the extent of the detachment—but contractions concurring, which will generally result, flooding will cease upon the breaking up of the placental adhesions from the lower zone of the uterus, and emptying the bag of waters. But in employing artificial delivery, when necessary in these cases, he is opposed to the usual method of dilating the os, by forcing the hand through it. This method, he thinks, is liable to do much harm by bruising the hyperthrophied cervix and injuring the vessels—leading may be to fatal hemorrhages, or pyæmia. He proposes, instead, to introduce within the os uteri the *caoutchouc dilator*, which consists of a bag of suitable size and shape rolled up and placed *in situ* either by the fingers or by aid of a stem. This is then to be distended with air or water, so as to put the cervix gently on the stretch. This, he says, will act in three ways; "It will mechanically stretch the cervix just as the natural bag of membranes will, when driven strongly down by vigorous contractions of the uterus; it will press upon the mouths of the vessels and tend to arrest the hemorrhage; it will, again imitating the distended amniotic sac, excite the diastaltic function of the uterus by stimulating the incident nerves distributed over the os internum." *

SUBNITRATE OF BISMUTH IN GONORRHEA.—Dr. Mouslon, a French surgeon, mixes twenty parts of well washed bismuth in two hundred parts of water; throws some of this into the urethra and retains it there for ten minutes—a local emollient bath having been previously employed. A cure is said to take place more quickly than under the use of any other agent. *

Bromide of Potassium as an Antaphrodisiac.

From accounts in the journals, bromide of potassium seems to be coming very much into favor in the profession as an antaphrodisiac.

Sedative properties both upon the muscular apparatus and secretory functions of the organs of generation are maintained for it. As a remedy in nocturnal emissions it is highly spoken of by many. We never employed it but once ourselves in that complaint, and then without any result.

It will be recollected that in the March number of this year of the *News*, in an article upon puerperal insanity, Dr. Darrach, of Philadelphia, spoke highly of this remedy in very many of the disorders of both the male and female sexual organs. He seemed to regard it as acting as a *specific tonic* upon those organs. Also in the August number of the *News* will be found a report of a case of puerperal mania by Dr. Joshua Chitwood, of Connersville, Ind., in which this medicine, as recommended by Dr. Darrach, was successfully employed. We hope its merits, hereafter, may be more fully tested. *

Infectious Diseases Transmitted to the Child in Utero.

At a late meeting of the Academy of Medicine, of this city, Prof. Tate having mentioned some cases in which the fœtus in utero became infected with puerperal fever from the mother, one of the gentlemen present denied that infection of *any kind* could be thus transmitted. Without passing upon the correctness of this assertion as regards puerperal fever, we assert confidently that the gentleman cannot maintain his position that the child in utero cannot become infected from the mother with any disease. If we cannot receive the evidence of such men as Vidal, Ricord, and Hunter, that the child in utero has been contaminated from the mother with syphilis contracted during pregnancy, we cannot receive testimony of any kind in any disease. Even small pox, the gentleman to the contrary, notwithstanding, has been contracted in utero from the mother. We are aware that the foetal and maternal circulatory apparatus are not continuous—that the blood of the one does not pass directly into the vessels of the other; but that the only connection that exists, is, that the foetal vessels are bathed in the blood of the sinuses of the placenta, as the branchiæ of aquatic animals are in the water that surrounds them. But this being the case, can it be successfully maintained that the foetal tufts thus arranged cannot take up poison as well as nutriment from the maternal blood? Do not the lungs of the adult, which act as purifiers of the blood, absorb deleterious matters—miasms, and noxious gases? Because carbonic acid and effete matters of the fœtus are separated from its blood in the placenta and carried away by that of the mother, yet it does not follow that poisons coming from the mother may not pass into the blood of the fœtus and infect it.

We advise the gentleman to reflect further on this matter. *

SURGEON APPOINTMENTS TO THE ARMY.—We understand that Prof. Geo. C. Blackman and Dr. Wm. H. Mussey have received appointments by the government as Brigade Surgeons. Prof. Blackman has been assigned to the staff of Gen. Mitchell in this city.

In looking over the list of names of those who passed a successful examination before the Ohio State Medical Board at its last meeting, and were recommended by it to the Governor for appointments in the Ohio Volunteer Forces, we notice the names, for Surgeons, of Robt. Fletcher, M. D., of Cincinnati, M. Litzenberg, M. D., of College Hill, Hamilton County, and A. C. McChesney, M. D., of Batavia, Clermont County; for Surgeons' Mates, Byron Stanton, M.D., Salem, Columbiana County, and Jas. D. Webb, M. D., of Cincinnati. *

Perils of the Service to the Medical Staff.

The *Chicago Medical Journal* of last month, edited by Drs. Brainard and Allen, speaking of the perils of the service to the Medical Staff, says it gives no credence to the highly wrought stories of Confederate butcheries of surgeons and wounded soldiers. We, too, we are happy to say, have no confidence in the truth of these worse than foolish tales, the productions of highly excited passions. We have more confidence in the permanently ennobling and benign effects of civilization and religion upon the human soul, than to believe that a people, who have been nurtured and brought up under their influence, would be capable of crimes and acts of barbarism that are only equalled by savages and the most uncivilized men. If such were the case, we must cease to have any confidence in man; we could not but consider that labors of love and piety had been lost upon him; that christianity, so far as benefiting him in this life, had been a failure; and that education, instead of having a refining influence upon him, tended only to exalt his wickedness by opening new sources of crime. Human nature, we admit, is, in many respects, a very fickle thing, yet we cannot help but think that to some degree it is worthy of our reliance, that to some extent we can bestow upon it our confidence. We must believe that man has a moral nature—that his morality is not a mere fabric built upon principles of policy only—that there is in him that *HONESTUM* so often mentioned by Cicero in his *De Officiis*.

That acts of cruelty have often been perpetrated, we have no doubt. We are sorry to say that there are men capable of any deed of depravity, but it is unnatural to suppose that the whole of a people who form no small part of our government, could become so depraved as to be disregardful of the most ordinary laws of humanity. Brutal persons exist

in all countries and communities, but we should not rate the whole by the wicked deeds of individuals. In armies, especially, composed as they are of large bodies of men, many of whom have been derived from the lowest classes of society, possessing unusual facilities for indulgence of their vile propensities, it is not astonishing that many brutalities occur. Indeed, it would be wonderful if many did not.

From all the information that we can derive from reliable sources, surgeons who have been taken prisoners, and the wounded, have received kind treatment in the South. We have read the statements of a number of surgeons who fell into the hands of the enemy at Bull's Run and they are all to this effect. That field hospitals have been fired upon, and surgeons shot down in discharge of their duty is probable, but due allowance must be made for the mistakes of the ignorant. Among such a large body of raw recruits as compose the armies of the North and South, it is not improbable to suppose that many have as yet been unacquainted with the rules governing the treatment of surgeons.

In conclusion, we will say, that the only effect such reports can have, so far as they may have any influence at all, will tend to injure our own armies by deterring competent surgeons from volunteering. Of course, surgeons, as non-combatants, would prefer the foe to be a civilized people, than that they should be savages and barbarians. *

The following is taken from the *American Medical Times*, and is of great importance to the Army Surgeon; indeed, we have been asked repeatedly for instructions in this department, and are happy to be able to give it as coming from head quarters. We call attention to the note at the conclusion; and advise those who may, hereafter, present themselves to the board of examiners, to note the difference between Pirogoff's and Chopart's operation at the ankle joint, as they will, most undoubtedly, be examined in reference to these operations.

Duties of Brigade Surgeons.

GENERAL ORDERS, No. 20.—The following regulations respecting the duties of Brigade Surgeons are published for the government of all concerned:

1. The Brigade Surgeons will frequently inspect the police, cooking, clothing, and cleanliness of the camps and men in respective Brigades; the position and condition of the sinks, the drainage of the camp grounds, the ventilation of the tents, etc.; making written reports to the Brigade commanders whenever, in their opinion, any errors in these respects require correction, and sending duplicates of these reports to the Medical Director of the Army.

2. They will see that the medicines, hospital stores, instruments, and dressings of the several Regimental Surgeons are kept constantly sufficient in quantity, in good order, and at all times ready for active service.

3. They will collect from the several Regimental Surgeons, and transmit, every Saturday morning, to the Medical Director, a copy of their morning report made to the commanding officer of the Regiment, and will accompany these with remarks showing the character of the principal diseases prevailing.

4. They will promptly report to the Medical Director all changes in station, and location, of themselves, or any of the medical officers in their brigades, with the number, date, and authority of the order by which such changes were made.

5. They will inspect carefully all men receiving certificates of disability for discharge, and, if they approve, they will countersign such certificates.

6. The hospital attendants, to the number of ten men to a regiment, and the regimental bands, will be assembled under the supervision of the Brigade Surgeons, and will be drilled one hour each day, except Sunday, by the regimental medical officers, in setting up and dismantling the hand stretchers, litters, and ambulances; in handling men carefully, placing them upon the litters and the ambulance beds, putting them into the ambulances, taking them out, etc.; carrying men upon the hand stretchers (observing that the leading bearer steps off with the *left* foot, and the rear bearer with the *right*;) in short, in everything that can render this service effective, and the most comfortable for the wounded who are to be transported.

7. Brigade Surgeons will see that the orders of the Commanding General, in relation to the uses to which ambulances are to be applied, are strictly obeyed, and they will report promptly to the Brigade Commanders all infractions of these orders.

8. Whenever a skirmish or affair of outposts occurs, in which any portion of their Brigade is engaged, they will see that the ambulances and stretchers, properly manned with the drilled men, are in immediate attendance to bring off the wounded; and that the Regimental Medical Officers are at their posts, with their instruments, dressings, and hospital knapsacks, in complete order, and ready for immediate use, so that no delay may occur in rendering the necessary surgical aid to the wounded.

9. They will report in writing to the Medical Director, within twenty-four hours after any affair with the enemy, the name, rank, and regiment of each of the wounded, the nature and situation of the wound, and the surgical means adopted in the case.

10. Brigade Surgeons will be held responsible that the hospital service in their brigades is kept constantly effective, and in readiness for any emergency. No remissness in this respect will be tolerated or overlooked.

By command of Maj.-Gen. McClellan.

S. Williams, *Ass't Adjutant-General*.

Official.

RICHARD B. IRWIN, *Aid-de-Camp*.

NOTE.—The Medical Director desires that exsection of the shoulder and elbow-joints shall be resorted to in preference to amputation, in all cases offering a reasonable hope of success, and that Pirogoff's operation at the ankle should be preferred to Chopart's, or to amputate above the ankle, in cases that might admit of a choice.

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MISCELLANEOUS CONTRIBUTIONS AND SELECTIONS.

Eaton Medical Society.

Messrs. Editors:—The semi-annual meeting of the Eaton Medical Society was held in Eaton at the Eagle Hotel on the 10th inst. The last business transacted by the Society was an unanimous vote that the Secretary should furnish the Register with an abstract of the Society's proceedings, as there is no subject in which the family of mankind have a deeper interest than that of medicine. The Society was called to order by the President, (Dr. William Lindsay,) and the minutes of the previous meeting read and approved. After which the President delivered his Inaugural Address, an extract from which will show the necessity of medical societies: "*Medicine is a progressive science*; has been, and must for various reasons continue so to be to the end of time, unless man shall arrive at a state of perfection in science which to our comprehension and intellectuality can never be reached. Diseases change in character—are influenced by location, climate, idiosyncrasy, or peculiarity of constitution and temperament. To enable us in a good degree to meet these difficulties and perplexities we look to the gradual advancement of medical science as new and more efficient remedies, judging from the past, shall from time to time be brought to light. The vegetable and mineral kingdoms will continue to furnish medicinal wealth, and other remedies of acknowledged powers in the treatment of disease will be added to our *Materia Medica*." Indeed, the history of medical science during the last ten years, proves, that "old things have passed away and all things have become new"—medically.

After the Address was delivered, Dr. Wallace moved that the Address of the President be accepted and the thanks of the society tendered to the author—motion carried. By article 9. of the Society's constitution the following committees were appointed to report at the next meeting:—1st. On Quackery, Drs. Matchett and Nisbet;—2d. On Improvements in Medical Science, Drs. Crume, Wallace and Gans;—3d. On Collateral Sciences, Drs. Ebersole, Donnellan and Tobey. Dr. Small, of Eaton, and Dr. Hooven, of Baltimore, were proposed for membership, recommended and elected. Drs. A. H. Baker, of Cincinnati, J. F. Hibbard, of Richmond, J. C. Reeve, of Dayton, and Rev. Thos.

Wallace A. M., were elected Honorary members. The object of the Eaton Medical Society is the diffusion of knowledge among its members—knowledge obtained by the advancement and review of Medical Science. The necessity for such an organization is admitted by all intelligent physicians; as a recital of knowledge obtained by investigation, can in this way be communicated more efficiently and more rapidly than by any other means. Article 3d. of Soc'y's Const. reads thus: **Any Regular Physician** in good standing may become a member of this Society by a vote of three-fourths of its members present. Who then is a **regular physician**? One who has received a regular medical education, that, and that alone furnishes the only presumptive evidence of professional abilities and acquirements and ought to be the only acknowledged right of an individual to the exercise and honors of this profession. The following resolutions were unanimously passed. 1st. *Resolved*, That it is as necessary for a physician to take one or more Medical Journals and belong to a medical society, in order to be in good standing, as it was for him to study medicine before he could be licensed to practice. 2d. *Resolved*, That as the *regular* medical profession has no secret medicines, no man can be in good standing, who pretends to have a secret medicine. If a medicine is good any concealment regarding it, is inconsistent with beneficence and professional liberality. And if the compound will not stand scientific investigation, then the using of it implies either disgraceful ignorance or fraudulent avarice. 3d. *Resolved*, That this society sets the seal of its disapprobation, by a unanimous vote, on any *practitioner of medicine*, who pretends to have a *secret infallible medicine* for *Diphtheria* (Sore Throat) or *Asthma*. Moved that the President request Dr. Wallace to procure a speaker to deliver an Address on the evening of the next meeting. Motion carried. Drs. Crume and Woody were appointed a committee to report at the next meeting on Consumption. Drs. Lindsay, Wallace and Woody were appointed a committee to publish the Society's Chart, Constitution, By-Laws, and Fee-Bill. Adjourned to meet at West Alexandria, 2d Tuesday of January at 10 o'clock A. M.

R. WALLACE, M. D., Secretary.

The above was sent us by the Secretary of the Society, Dr. Wallace. In a note accompanying the "slip" we found the following: "I was instructed by the Society to have the proceedings published in the Eaton Register, and in the Medical and Surgical News—You can make all necessary changes in this slip and publish in Med. and Sur. News if you please—It will save me the trouble of re-writing."—We are sorry our friend would think it a *trouble* to write the proceedings for our Journal; and we will inform him that we have not the time to make changes.

We take great pleasure in publishing anything coming from the *Eaton Medical Society*; it is one of the oldest and best in the State, and we are proud to have our name enrolled upon its minutes as an *Honorary Member*. Far back upon the records our name stands as one of the incorporators—and for many years we enjoyed the privilege of participating in its doings;—long may it live and spread its benign influence over the profession and people.

From the character of the resolutions adopted we see the *quack killing* propensity still exists; we remember the time when that class of *sappers* could not exist within range of its fire—and we have reason to hope that such will ever be the case. The resolution which alludes to the taking of Medical Journals and belonging to a Medical Society, is too good to be overlooked, for surely no man is fit to practice medicine without he keeps up with the literature of the profession, and associates with his brethren. We pity the Doctor who does neither, and his patients much more.

For the Medical and Surgical News.

EDITORS NEWS.—Will you permit a student to report a case, for your valuable *Journal*, that, if as interesting to others as it is to him, will compensate for the perusal.

On the 30th day of August last, I visited, in company with my Preceptor, a negro woman, to whom he was called in haste as she was supposed to be in labor. Upon examination per vaginam the os uteri was found dilated to the size of a dime, the liquor amnii escaping freely, and she complaining of pains and uneasiness in the back. She was ordered a dose of castor oil to evacuate the bowels, and, after it had the desired effect, the pains ceased and the patient enjoyed usual health. She remained in this condition ten days and three hours, at which time we were again summoned to visit her and she was delivered of a healthy child; two hundred and forty-three hours having elapsed from the escape of the water until the delivery took place. When I left home, the last of September, the mother and child were doing well.

I look upon this case as a very remarkable one, for I supposed that when the liquor amnii was discharged so long before delivery, the child would cease to exist.

Very Respectfully,

W. T. Davis.

IRREGULAR PRACTITIONERS IN THE ARMY.—Among other instances which have recently occurred of improper persons being appointed as surgeons to U. S. volunteer troops, is that of Mr. John J. Craven, of Newark, N. J., to the office of Brigade Surgeon. He is represented as having been engaged in mechanical and mercantile pursuits until about two years since, when he set himself up as a "Doctor," without having attended medical lectures, and without a diploma or a license. He obtained the office of surgeon to one of the three months regiments before the war, and hence his present appointment. The District Medical Society of the county of Essex, N. J., have, through their President, sent a remonstrance against it to the Surgeon General of the U. S. Army, stating facts, which, it is believed, will cause a re-consideration of the appointment.

Foreign Correspondence.

BY DAVID P. SMITH, M. D.

Dublin, May 16.—Saw Mr. Wilde and Dr. Stokes. I was particularly struck with the remarks of Mr. Wilder upon the unanimity of feeling which characterized the profession in Dublin. He said that in most instances, if not all, those who had become noted for anything were supported and confirmed in their special aims by the rest of the profession, and that instead of publishing marvellous reports and questionable procedures to bring grist to the mill, there was nothing of the sort known. The profession was too honorable and too high socially to descend to any such thing. Men uncouth in their manners and anything but pleasing, had been, for their sterling worth, placed by their professional brethren in positions of influence and affluence.

May 17.—Mr. Wilde's clinique that I visited to-day appears to be very capitally conducted. I have seen no place, not even excepting the clinique of M. Sichel, that gives more facility for the study of eye and ear diseases. I saw many cases of almost entire destruction of the eyes, resulting from the Irish famine years ago. Purulent ophthalmia of young children I observed was treated by a leech at the external angle and a purge of calomel. Ulcers upon the cornea were touched by a camel's hair brush dipped in solutions of argenti nitratis, five and ten grs. to the ounce. A case was shown of congenital absence of one meatus auditorius externus, the other ear being perfect. A lad of about fifteen years was brought by his father, who, supposed to be deaf and dumb, had recently evinced signs of hearing, and make attempts at speech.

May 18.—I accompanied Dr. Stokes to-day in his rounds of the Meath Hospital, and saw much to interest me, which, however, can hardly be expressed on paper. The rapidity with which Dr. Stokes seized upon the chief points of the case, the ease with which he gives to each symptom its appropriate place and importance, his wise discretion in dealing with physical symptoms, and the readiness with which he adapts his remedies to the varying conditions and requisites, must be seen to be appreciated.

May 20.—This morning I visited the lying-in hospital now under the charge of Dr. Alfred H. McClintock, who stands very high in this city as a scientific man. In going with him around the wards of this munificent charity, I saw much reason to admire the care and tact with which he appreciated the wants of, and ministered to each case. In conversing upon puerperal fever he remarked that the opiate plan of treatment had not been successful in his hands; that he placed more reliance upon leeches than anything else, but that the disease assumed so many forms that he thought it wrong to generalize upon the treatment. I observed, however, in going the rounds that every patient that had had any considerable soreness in the abdomen had been well leeches, had taken castor oil and turpentine by way of a purge, and blue pill, digitalis, James' and Dover's powders *pro re nata*. He called my attention to several cases where pelvic cellulitis, arising from puerperal peritonitis, was slowly resolving under this treatment. He insisted upon the necessity of carefully examining the groins in every case of retarded recovery after accouchment, because the stimulants and tonics and gentle exercise, prescribed under the idea of no local lesion, made the suppuration of these pelvic intumescences certain.

The utmost care is used in this Charity to prevent infection. The beds in which the women lie-in are made of straw, in order that they may be destroyed after once using. It is found that the mental emotions have the greatest effect upon the women here confined, for, as the Master remarked, a woman will have got through her travail excellently when her aunt or sister will come in, telling the poor woman that her husband has been drinking, or some such agreeable intelligence, and then disease sets in. In fact, it has been necessary to have no one admitted, except by permission obtained in each case, and those permissions are usually restricted to the husband and mother. Mental distress has such an effect in inducing disease that it is found that those who are unhappy at home or are unmarried are the ones to take puerperal fever. Dr. McClintock's views upon mammary abscess are somewhat peculiar. He thinks it arises from irritation of the nipple more frequently than from any other cause, and is best treated by cooling evaporating lotions. I was shown a case where on the vulvæ there appeared to be two Hunterian cancers, but on passing the finger a little higher the great mass and induration of the disease caused one to immediately exclaim carcinoma. A case was shown me as a caution against the careless use of the tampon. The woman said that some years ago a tampon had been applied for three months with daily changes, to check profuse hæmorrhage. Several months after that, having been admitted to this hospital on account of the continually recurring hæmorrhage, one day a clot was observed in the os uteri, which being removed was found to be formed upon a shred of cloth. Dr. Stokes called attention to the fact that you often obtained the first indication of returning health after fever from auscultation of the heart. A case was shown where pressure was being constantly made upon an abdominal aneurism by way of experiment. In a conversation with the conservator of the museum of the Royal College of Surgeons here I was told that any other treatment than that by pressure, of external aneurisms, had in Ireland been entirely given up. He showed me the cast of an aneurism of the posterior tibial, where pressure applied in the morning had, by the same evening, resulted in a cure.

May 21.—Mr. Wilde to-day performed extraction in a very masterly manner. He was most particular in his avoidance of pressure, and allowed much time to elapse between each step of the operation. He remarked that a continental surgeon, who was once present at a very protracted operation of his for extraction of a dislocated lens, after the completion of the procedure with safety to the eye, complimented him, saying that he *knew how to wait*. Two cases were then subject to linear extraction, which a week previous had had the cataractous lenses broken up by the needle. They were easily evacuated, thus saving much time, and also the expense of keeping them in the hospital.

May 22.—This morning I heard Mr. Colles lecture at Stevens' Hospital upon disease of the knee-joint. He did not seem very favorably disposed towards resection, but seemed to think that anchylosis might be obtained by rest and careful position as well as by excision. In going the rounds of the hospital with him, I saw many cases most interesting, which my limits forbid my mentioning. At seven P. M. I went to the *Lying-in Hospital* to hear a lecture from Dr. McClintock. It was on *the condition of a woman after delivery*, and was replete with information. I was pleased that the nervous shock so disregarded by authors

was fully noticed, and declared to have repeatedly produced death in this institution. Dr. Butcher showed me to-day some of his cases at Mercer's Hospital. One of the most interesting was that of a girl about ten years of age, from whom he had removed full six and a half inches of the whole diameter of the shaft of the left femur, before new bone had formed. Every endeavor was made to preserve the periosteum, and extension was kept up, and now the little sufferer has a serviceable limb but little shorter than normal. Another case was shown me where much necrosed and carious bone had been removed from both the upper and lower portion of the tibia. So extensive had been the removal of bone that splints were required for the solution of continuity, but the result was a perfect limb. I was present some four or five years ago at an amputation of a leg, performed on account of the utter destruction of the lower part of the tibia by this disease. Had the true nature of the affection been recognized early in this case, and free incisions made, and perhaps the bone trephined, I have no doubt the young man would have saved his limb.

May 24.—Mr. Wilde's infirmary presented to-day many cases most instructive to the observer. He mentioned the practical fact that leeches at the outer angles of the eye did not occasion the œdema always following leeches upon the under eyelid. If I have not already described a curious disease of the appendages of the eye, I will now. A patient will present himself with all the outward appearances of purulent ophthalmia, and yet, says Mr. Wilde, an abscess of the outer angle of the eyelids occasions all this, and a free opening of it relieves all the symptoms. A case of meningitis was shown me, having got nearly well under the use of the bi-chloride of mercury. Inasmuch as it followed close upon syphilitic iritis, Mr. Wilde judged it to be syphilitic.

Mr. Robt. W. Smith showed me to-day in the Richmond Surgical Hospital several very interesting cases. One was exsection of the knee, in a female of middle age, performed four months ago. Sufficient osseous union has taken place to render the limb inflexible, but a profuse discharge is rapidly wearing the patient out. Recovery in this case is very doubtful. I was struck with the very great pains with which the professor dressed the limb, taking particular care to prevent protrusion forwards of the lower end of the femur. A case of flat foot was then shown, which was placed in an apparatus of Prof. Smith's invention, the essential part of which is a pad worked by a screw, which, the rest of the foot being firmly held, presses firmly against the os scaphoides, compelling it to occupy its proper place. Prof. Smith said that one week's wearing of the apparatus would restore the foot to its proper shape, and a few weeks' perseverance in its use accomplish a cure.

BY C. Y. SWAN, M. D.

Paris, Sept. 6, 1861.—As M. Masionneuve has written but little, he is consequently but little known beyond his wards. He is now over fifty years of age, was formerly attached to the Hospital Cochin, but for the last five years has held a service in the Hospital la Pitie. His bald head is very round and large, forehead immense, eyes large and brilliant, nose turned up, mouth decidedly non-classic, chin double, and underneath a string of whiskers which come from each ear not unlike a cap strap. He is of low stature, and by the size of his abdomen is rendered somewhat ungraceful. In manners, exceedingly rough, is elect

and forcible as a speaker, and as an operator, there never was one who could torture poor sick humanity with more perfect sang-froid than he. For example, who but he could smilingly circumvallate so tender an organ as the eye, with six or eight *fleches*, each cruel spike driven firmly to the orbit's base, and no anæsthesia thought of.

"Who can all sense of others' pains escape,
Is but a brute at best, in human shape."

I forgot to state in my last letter that the *fleches* were, *perhaps*, first introduced by a surgeon of Lyons. There is no one thing probably which better exemplifies the "progress of surgery," than the present management of fractures. With what uncouth lumbering machines the unfortunate patients used to be encased, and how bedridden they got, whereas now, the dressing is so light, strong, and safe, that the man with a broken leg walks in the garden. Our New York surgeons, though, seem not yet all to appreciate this style. They revere antiquities; and I will venture to say that there are more of the old clumsy fracture apparatus, now used in the three New York Hospitals, than in all the sixty-two like institutions of Paris.

The modern substitutes for *planks*, etc., are of course familiar to you. Dextrine, gelatine, caoutchouc, plaster of Paris, are all in vogue. The last-mentioned is evidently the best, for it has been under trial since the time of the elder Larry, who, it is said, first used it; and to this day it stands the most popular. The methods of application have naturally changed as experiences accumulated. Larry, for instance, moulded the limb in it—others put on a saturated circular bandage—others again dusted the powdered plaster over wet bandages—others still applied it with a trowel as on a wall; and so on to the end, or rather, until the arrival of Maisonneuve. The question is now settled, and all other modes are obsolete. M. Maisonneuve had once the good luck to receive a fracture of the leg, and so this method he first planned on his own person.

For example and explanation, let us suppose a broken tibia. He orders four coarse cloths, longer than the leg, and each so broad that when folded three or four times, they will be respectively reduced to a breadth of from two to four inches—the breadth, of course, varying with the limb under treatment. After these cloths have thoroughly soaked in the fluid plaster, they are taken dripping from the vessel, and directly applied along the sides of the limb. The lower ends of three of them embrace the foot and lap intimately on the sole. The front one passes on the dorsum to the toes. A circular bandage, saturated or not, is then quickly rolled up to the knee and perhaps down again to the foot. When this bandage has not been soaked in the plaster, the apparatus is called *demi-platre*. In five minutes after everything is solid. The liquid splints have become firm, and every point is supported with an impartiality heretofore unapproached.

Unless when the soft parts are greatly injured, M. Maisonneuve often applies this apparatus immediately, or may be one day after the accident. This seems unsafe, and indeed I have sometimes seen most discreditable results. However, if any trouble is suspected of existing, there is no apparatus, as a permanent one, that can afford a more easy approach to the limb. And the embarrassment need be only partial; for after the removal of the bandage one splint, two splints, or any part of a splint, can be readily taken off, and the remainder stands firm to its duty. *It*

the parts thus exposed require washes, such can be used with impunity. The splints are not easily softened. In like manner are treated almost all fractures—femur, patella, clavicle, etc.

A great many have failed to have success with this process of *Maison-neuve*, and it has often been because the cloth used was too *fine*. Some coarse material is the thing, such as old coarse hospital sheeting. The solution of plaster should be as thin almost as milk.

The lectures in the "progress of surgery" continue. In my next letter I will try to describe something actually new—namely, a urethrotome.—*Amer. Med. Times.*

Diffusion of Germs, (Panspermia,) Researches upon Spontaneous Generation.

We recently gave our readers the views of this question entertained by Pouchet; many scientific men have pronounced against the conclusions of this zoologist, and have referred the origin of the vegetable mycodermis obtained by him, where the atmospheric air was excluded, to microscopic germs floating in the air, and which are so small that they may be introduced into the apparatus, despite the precautions taken to exclude them. According to this theory it is necessary to suppose that the air is full of these germs, therefore Pouchet has undertaken to submit the atmospheric air to microscopic examination. He has not found either germs or spores of infusoria in the dust suspended in the air, but he has found a great number of grains of starch. The air of great cities and other inhabited places, contains many of these starch grains, which, according to him, one might take to be eggs of infusoria, or germs of mycodermis. He has found them among the dust of old cathedrals, and even from the dust obtained from Egyptian mummies, and the chambers of the pyramids, as well as among the ruins of Grecian temples. Yet there must be something in the air which has escaped recognition by the microscope, for by causing a quantity of air to pass through a tube containing calcined asbestos, and introducing some of this material into liquids which previously had access only to calcined air, and which consequently contained no trace of vegetation, Pasteur has been able to develop mucedines. We have seen the apparatus of this chemist in use at the *Ecole Normale de Paris*. This apparatus is remarkable for its simplicity and precision, and it is impossible to object to his conclusions, for they preclude the possibility on the part of nature to continue her creative works in connection with elements purely mineral, or to animate them with the organic influence.

This chemist has already informed us, that, in order that vegetation may be developed, or fermentation produced, there is required a liquid containing water, a salt having ammonia as a base, a carbonaceous substance, and a phosphate; the air is necessary only for a moment while we introduce into the flask some spores of *penicilium*, or a little dust obtained from the air by the process indicated above. The mycodermic vegetation is then developed in less than a day, and, what is particularly remarkable, it is developed in the dark as well as in the light. The ordinary law does not govern these little organisms, for they neither give out oxygen nor absorb free carbonic acid; but on the contrary they disengage carbonic acid, and increase by fixing ammonia and phos-

phoric acid. The germs which produce these marvellous effects are not uniformly distributed in the air; thus Pasteur, making comparative experiments with one and the same liquid arranged in flasks completely deprived of air, found that the air from the cellars of the Observatory contained only one-tenth part as many germs as the air from the court of that establishment; and that the air contained fewer germs in proportion to its elevation in the atmosphere. This chemist has performed comparative experiments in the mountains of Jura, at an altitude of 800 metres, and in the Alps at Montanvert, (Savoy,) at 2,000 metres above the level of the sea; and he has proposed to take the air from a much greater elevation by the aid of a balloon.

These researches present an interesting field to the naturalist. Pasteur has many species in vegetation, new and hitherto unknown. By varying the conditions, it will doubtless be possible to obtain others, as Paul Laurent has already done with the infusoria, in a work of which we will speak further on. On the occurrence of these researches, Boussingault called attention to a fact pointed out by Bineau, of Lyons, who, while examining a specimen of rain-water, containing nitrates and ammonia in solution, found these materials disappearing under the influence of cryptogamic vegetation. In reference to this great question of the assimilation of nitrogen, we would refer the reader, who wishes to understand it thoroughly, to the valuable work of Boussingault, just published, entitled, "*Agronomie, Chimie Agricole et Physiologie*."

In order that plants may be developed in meteoric waters, these waters should be found in the condition of Pasteur's liquids. It is known that rain-water contains assimilable nitrogen and also salts of potash, soda, lime, etc., but it has heretofore lacked the indispensable element, phosphoric acid, which had never been detected in rain-water. This chasm in the series of fertilizing principles of meteoric waters has at length been filled by Barral, who has discovered phosphates in rain-water. To avoid all sources of error, this chemist has experimented entirely with an apparatus of platinum. In the residue of evaporation he has obtained the phosphorous in the condition of phosphoric acid, as phosphate of bismuth, (Chancel's process,) and as the ammoniaco magnesian phosphate. He has thus found a quantity of phosphoric acid, varying from .05 to .09 of a milligram to a litre of rain-water ($=0.0005$ to 0.0009 gram.)

From these results it may be calculated that the rain-water of an ordinary shower furnishes about 400 grams of phosphoric acid to the French *hectare* or ($2\frac{1}{2}$ English acres.) Now since the researches of Boussingault have proved that a hectolitre ($2\frac{3}{4}$) of wheat takes from the soil about one kilogram of phosphoric acid, we see that to obtain seven or eight hectolitres of wheat to the French *hectare*, which corresponds to a harvest without the use of manure, it would be necessary to let the field repose for twenty years, if the soil did not previously contain a trace of phosphates. Barral in 1850 to 1852, made researches upon rain-water to detect the presence of phosphoric acid in the residue of evaporation; the udometers and other vessels of platinum employed in the present investigations were constructed at the expense of the Academie des Sciences.—*Silliman's Journal*.

Notes on the Narcotics.

BY EDWARD PARRISH.

An experienced medical practitioner, in a recent letter to his office student, in attendance on medical lectures, advises him to acquaint himself thoroughly, during his term of study, with affections of the nervous system, as upon a thorough knowledge of these, and their treatment, his success in practice would mainly depend.

That this advice accords with the prevailing ideas of physicians, is especially obvious to the pharmacist, who, in comparing the recent prescriptions, on his files, with those of twenty years ago, cannot fail to notice the increased use of medicines primarily affecting the nervous system, instead of mercurials, drastic cathartics, blisters, and the like, formerly so much relied on.

From an analytical table of prescriptions which I prepared some five years ago, from my own files and those of several pharmaceutical friends, it appeared, that on an average 24 per cent, of the prescriptions examined, contained either opium, morphia, or hyoscyamus, in one or other of their preparations, while the mercurials of all kinds, of which blue pill is now by far the most popular, were directed in 23 per cent, of the prescriptions; iodine and iodide of potassium in only 6 per cent., and though the files were examined with reference to the different seasons of the year, cinchona, and its alkaloids, only appeared in 9 per cent. of those written in Philadelphia. The preponderance, here shown, would, probably, be greatly increased in case of the preparations of opium, if the medicines dispensed without prescriptions were taken into account. Laudanum and paregoric are found in almost every dwelling, at all provided with medicines, while the great variety of carminatives and infant cordials, given so indiscriminately and so injudiciously, nearly all contain opium as their most active ingredient.

In estimating the reliance placed by physicians upon narcotics, by the data above given, allowance must be made for their extensive employment as correctives of the undue influence of agents primarily affecting the secretions. This is, indeed, one of their chief uses in prescribing, and in the case of opium, especially is, perhaps, often resorted to from habit, rather than from any indication in the symptoms.

Next to opium hyoscyamus is the most popular of the class of cerebral stimulants; its relaxing effect upon the bowels, secures its substitution for opium in very many instances; as an alterative, also, it shares with conium, belladonna, and stramonium, considerable reputation in appropriate combinations. The prophylactic effects of belladonna, its asserted specific influence on certain eruptive diseases, and its well known usefulness in ophthalmic surgery, give its extract and alkaloid, atropia, prominent positions in the class. Conium is not unfrequently prescribed with sarsaparilla and the mercurials, while stramonium is less in repute for internal use than in ointments applied to hæmorrhoids. Stramonium leaves are much employed for fumigation in asthmatic affections, a practice frequently productive of speedy relief, notwithstanding its alkaloid, daturia, is not volatile; that of conium being freely so its leaf might be supposed to furnish a much better material for the fabrication of asthmatic paper and segars. Another eligible

mode of administering this

volatile

medica, especially those containing connection with the vapor of

water; the inconvenience of the method and the want of suitable apparatus have sometimes operated against a trial of merits; there is no real difficulty, however, in adjusting a good inhaler, when not readily accessible, by the use of a wide-mouth bottle and glass tube.

Of all the narcotics, none has received so great an impulse, in our time, as Indian hemp. The incredible stories recorded by travelers in relation to the effects of *hashish* on the impressible natives of the East Indies, have given it a world-wide notoriety as an intoxicant, while the efforts of certain empirics, among us, who have advertised it extensively, under the plea of disinterested humanity, have drawn the attention of thousands, both in and out of the profession, to its availability in the treatment of phthisis. The extract of cannabis has, certainly, become one of the most popular, as it is one of the best of its class; its chief advantages are the exhilaration which accompanies, or rather precedes its complete narcotic effect, the remarkable control it exerts over nervous inquietude and the absence of any noxious effect, either in diminishing the appetite, checking the secretions or constipating the bowels. The quality of the preparation is so varied, that physicians are often quite uncertain what dose to prescribe; some specimens seem nearly inert, while of others half a grain is a powerful dose, and a grain has produced alarming symptoms. It is always best for the physician to assure himself beforehand on this head. It should be of a bright green color, heavy narcotic odor, and entirely soluble in alcohol. Squire's London manufacture is esteemed the best. In prescribing extract of cannabis, in liquid form, the most approved combination is with carbonate of potassa, which renders the extract soluble in water, otherwise, dissolved in alcohol, it readily separates on being added to aqueous and even mucilaginous preparations. I have met with one case only in which extract of cannabis produced those extraordinary hallucinations to which I have referred as being ascribed to *hashish* in the East. This patient, a consumptive, was often possessed with an idea of his own duality, seeing horrid visions of detached portions of himself. He seemed to be continually haunted by the presence of an impervious director, on whose behalf his most trifling acts were performed. At times, even in the act of expectoration, he believed himself the agent of another for whose sufferings he felt the keenest sympathy.

The very extensive use made of lobelia and sanguinaria in this country, would, I think, surprise our transatlantic collaborators. The combination, in these remedies, of narcotic with emetic and diaphoretic properties, fits them for a great variety of indications, though they seem to me by no means so safe and harmless as some rather adventurous prescribers seem to suppose. A plant of the famous solanaceæ family, to which belladonna, stramonium, and hyoscyamus belong, yields us the alterative narcotic dulcamara, of which we have only two preparations in the Pharmacopœia—the decoction and aqueous extract, neither of them very eligible or apparently satisfactory to the profession.

One very prominent element in the popularity of a remedy is its pharmaceutical eligibility, and there is little doubt that the neglect into which many valuable drugs have fallen is due chiefly to their not being presented to the practitioner in an eligible shape. Since the general abandonment of the crude and inelegant class of infusions and decoctions, there has been a manifest tendency to employ more concentrated and reliable preparations; but the Pharmacopœia, never in advance of

the demands of the profession, has given no formulas in the cases of many of the most valuable. That this may be partially remedied in the edition now under revision by the eminently judicious and conservative committee appointed in Washington some eighteen months since, is greatly to be desired.

Fluid extracts are now loudly called for on all hands. That many of this class of liquid preparations originated, and have come into use through the commercial enterprise and activity of certain manufacturing pharmacentists, not amenable to the careful scrutiny of the profession and the public, and whose processes are too uniform to be properly applicable to every drug, is no argument against the excellent scheme of concentrating liquid preparations to such point as that their dose shall have the same relation in each case to that of the drug from which derived. Modern pharmacy, with a full appreciation of the composition of almost every drug known to the profession, is now prepared to adapt solvents to each, which will fully extract its medicinal principles, discarding those which are inert, and, by processes of evaporation within the reach of every apothecary, to reduce these to concentrated and permanent forms. The alcohol is sometimes an objection in tinctures, from therapeutic incompatibility, while in syrups, which are always given in comparatively large doses, the sugar is equally objectionable. Fluid extracts, besides the advantage of correspondence of dose with that of the drug, contain a minimum of either of these antiseptic ingredients. They are, however, best adapted to drugs the doses of which are not very small, and I can see no advantage, for internal use, in more concentrated liquid preparations of the powerful narcotics than their tinctures already furnish, especially as the solid extracts are so easily incorporated with extemporaneous mixtures. The imported preserved juices are not recommended so much for greater concentration as for their careful preparation directly from the fresh expressed juice of the plant before it has been altered by any processes of drying and subsequent treatment with menstrua.

In this connection it may not be out of place to notice some facts in regard to the preparations of opium, of especial advantage in those cases in which laudanum is contra-indicated by its nauseating effects and the disagreeable symptoms produced as its effects are passing off. McMunn's elixir has attained a place among the popular preparations of opium from the absence of these objectionable qualities, and the only obstacle to its use by physicians lies in its being a nostrum, the mode of preparation of which is carefully concealed. The prevailing opinion among pharmacutists appears to be that this is an aqueous preparation, to which, after its completion, a very little alcohol is added to prevent decomposition, and, on this principle, numerous elixirs of opium are offered, though, as might be expected, McMunn's still takes precedence. The aqueous extract is a preparation well worthy of a fair trial in competition with the drug itself, or its tinctures; on theoretical grounds, it gives promise of good results. I have met with practitioners who unhesitatingly give the preference to black drop and acetate tincture of opium, which they recommend as greatly preferable to the ordinary liquid preparation, while certain confirmed opium-drunkards give their *testimony* in the same direction, asserting that these preparations, containing morphia as acetate, produce less emaciation from their habitual use than those containing the natural salt, meconate of morphia. On

the other hand, I have lately imported from London an elegant preparation called solution of bi-meconate of morphia, resembling McMunn's elixir, though still more completely deprived of odor, and apparently quite free from the usual objections to laudanum.

What is the dose of the morphia salt? One-eighth of a grain, say the older books and prescriptions; one-third of a grain, say recent authorities; one grain, say now a great many physicians, not only here but elsewhere. Formerly I hesitated to compound a prescription calling for this dose, now it is so frequently prescribed and administered, that we begin to regard it as safe, and cannot help setting down the fact as an offset to the asserted lessening of doses to meet the demand of the times.—*Med. and Sur. Reporter.*

Dentistry and Medicine.

It seems to us that some dentists do not exactly understand what their true relation is to practitioners of medicine or even their patients, with regard to medical advice. We contend that it is the duty of every dentist to become as fully acquainted with medicine as possible, that he may the better understand his subject in that relation, but we do not wish to be understood that every dentist should study medicine in every minutia, or take the degree of M. D., but he should know enough about it to understand where his dental practice stops. It has been said in an earlier history of our profession, that a dentist who understood medicine and surgery, had as much right to practice the one as the other. This we do not doubt, but a proper respect for the medical practitioner, for himself, and the patients for whom he prescribes should limit his practice to within such bounds as would secure to his patient the greatest amount of good that could arise from a concentration of his science and skill upon a given specialty. On a former occasion, when speaking on this subject, we remarked that an intelligent dentist would often send his patient to the doctor for the good of his teeth, and in like manner the intelligent practitioner of medicine would often send his patient to the dentist for the good of the body. Now the whole secret of the intercourse of the two practitioners lies here, and both should be equally intelligent to understand each other, and withal, honest. It is not sensible on the part of a medical man to treat with disrespect the opinion of a dentist with regard to the influence of the teeth on the system, nor is it respectable for a dentist to attempt to turn to ridicule the opinion of the medical man if he discovers that he is not as well posted upon the teeth as himself; it is the duty of the one to treat the other with proper consideration, and the one to render as much service to the other as possible for the good of the patient. This is all the ethics that either requires. If a medical practitioner persists in treating a patient for neuralgia because it is intermittent, and the dentist informs him and the patient that it is nothing but toothache, it is absurd; and if the dentist persists in treating teeth by drilling them open or by extracting for a neuralgic patient, he is equally foolish. A dentist should not allow himself to be controlled by the confidence a patient has in him with relation to medicine, as he can no more judge *who he should employ to treat him, than know what medicine he most requires, and a dentist who prescribes under such circumstances is*

playing false to his patient. We do not even prescribe lime-water for a patient without requiring him to first consult his medical adviser. A number of cases have come to our knowledge lately, where dentists have had the confidence of patients in an unlimited degree, and medicines have been administered in a most shameful manner. It seems as though large cities, with all their intelligence, are the hot-beds of the worst forms of quackery.—*Dental Cosmos*.

NASAL HEMORRHAGE.—Dr. Hiard (de Mugroon) writes to the *Gazette des Hôpitaux* that he never fails to stop even the most obstinate epistaxis, by a simple process of compression of the nostrils. Being subject in early life to frequent bleeding from the nose, he says he found that the hæmorrhage came from a part of the septum within reach of the ends of the fingers. By compressing the alæ upon the septum, with a moderate pressure upwards as if to force them under the bones of the nose, the bleeding generally stopped within five minutes. The mouth should, of course, be held open during the process, and the breath should not be allowed at once to pass by the nostrils as soon as the blood ceases to flow. It is best to incline the head forward a little, as in the attitude of writing, resting upon the fingers which compress the nose. On removing the fingers, from six to ten drops of blood escape, which have accumulated before the flow is arrested. Should more escape the process is to be repeated. For thirty years Dr. Hiard has used this simple method with uniform success. Even the hæmorrhages of typhoid fever, or those occurring in cases of organic disease of the heart, have been uniformly checked without losing a teaspoonful of blood. In one instance, of an individual with hypertrophy of the heart, it was necessary to keep up the pressure for half an hour, as the blood was little else than serum.

An Anomalous Affection—Was it Hydrophobia?

BY H. C. PAIST, M. D.

On Friday morning, October 4th, 1861, I was called to see Lewis Devoe, and on inquiry of his brother, I found that he was about forty-four years of age; that he had been for over a year on board his vessel acting in the capacity of cook, that his health as a general thing was good, though not a robust man, his health having been much injured by intemperance, but for the last year he was very temperate, drinking little or none. On the morning of October 3d, he complained of a peculiar itching and burning over the body, extending to the tips of his fingers and toes, he said this sensation was wave-like, rolling from the centre to the extremities, and remarked through the course of the day that he felt occasionally a choking sensation and pain about the glottis—felt generally prostrated and dull; did not care to be on deck, but preferred solitude, moving about with unusual caution. His brother prevailed on him to take some brandy, thinking it would stimulate him and instil new vigor into his frame; he gave him part of a glass, and for the next half hour, being engaged about the vessel, took no notice of him, but found at the end of that time that he had taken only a table-

spoonful of the brandy—questioned him as to the reason, but he did not seem able to give one,—only it seemed impossible for him to drink any more. On the morning of October 4th, the symptoms narrated, becoming greatly aggravated, appearing to be in great distress, his brother became alarmed, and had him taken to the place above mentioned. The symptoms now noticed, were violent convulsive tremors of the whole system, most piteous groaning and shuddering, intermittent with only momentary calms, mind perfectly clear, questions were answered rationally, but with hesitation and violent shuddering effort, the expression of countenance was that of a man suffering the most intense torture imaginable. I asked him if he had pain, and with a great effort he answered, “no, none except a little about the throat and stomach,” which he accounted for from frequent efforts to discharge phlegm from his throat, which efforts sounded like violent retchings; I inquired as to the condition of the bowels, and was told that they had not been moved for five days, not since he had taken a dose of anti-bilious pills to remove a headache; which operated freely, and he said did him much good. His pulse was about 90, weak and somewhat intermittent, extremities cold, in fact the whole surface of his body was below the standard temperature. He also complained of the itching and tingling mentioned by his brother; the least touch on his person by another would throw him into the most violent jactitations from head to foot, with dreadful choking, and earnest appeals, “don’t, oh! don’t touch me.” I noticed a wash bowl near by his bed, containing about a half pint of saliva; I directed his attention to it, and asked him if that was water; the mention of water convulsed him to a dreadful degree, and he cried out don’t! don’t!! Not wishing to fill those present with alarming apprehensions, I endeavored to calm him by dropping the subject. I ordered him pills of morphia and assafoetida, and after giving some other directions, left him, promising to return in the afternoon. On my second visit, I found all the symptoms aggravated. I no longer kept my suspicions to myself, but let the family know them, and requested of the brother the privilege of bringing in another physician. I called in Dr. H. Rihl, and we made a number of experiments, such as offering him water, pouring water from one vessel into another, took a lighted candle before him, directed his attention to a looking-glass which was in the room, fanned him in the face, and again behind him when he was not aware that any one was about to fan him, slipped around behind him and touched him, struck the floor with a cane, and many other trivial experiments, all with the same result, followed by the most violent and shocking contortions of the whole body, choking and copious expectoration of saliva. We asked him if he suffered pain in any way, his answer was “no;” we then asked if he had been bitten recently by a dog or any other animal, his answer was that 18 or 20 years ago, a watchman’s dog near Coates and Front streets, had bitten him, but the condition of the dog he did not know, nor never heard afterwards. He had not taken many of the pills—could not swallow them; we tried to get him to swallow one, but without success, the very thoughts of swallowing appeared to convulse him. At this visit, we directed a blister along the whole extent of the spine, to be followed by a dressing of morphia. Called again at 10 P. M., found our patient worse in every respect, mind wandering slightly, pulse weaker and more frequent, extremities cold, general distress increased, convulsive

ings much more frequent, spitting large quantities of saliva all around him on the bed or on the floor, or anywhere; this we noticed particularly from the fact of his observing much care on our previous visits where he spat. We endeavored to give him chloroform by inhalation, but with ill-effect. He seemed to have an idea that we were trying to smother him to death, indeed he seemed apprehensive of danger from every one around him; however, by much perseverance we succeeded in getting him to inhale enough to slightly quiet him. We directed his brother how to use the chloroform, and left him promising to make an early call the next morning, and on calling were informed that he had died about 4½ A. M. Were told that chloroform was kept almost constantly at his nose, but without much effect, he died in a sane state of mind, the symptoms continuing to death.

My object in placing this case before the medical world, is, to ask, was not this a genuine case of hydrophobia, resulting from the bite of a dog eighteen or twenty years ago? (for he declared that was the only bite he had ever received from an animal,) if not, what was it?—*Med. and Sur. Reporter.*

Non-Inflammable Dresses.

The recent dreadful accident at the Continental Theatre, in Philadelphia, by which nine females lost their lives from burns caused by their dresses having caught fire from a gas burner in their dressing-room, should deeply impress upon the public mind the necessity of rendering the fine fabrics of which ladies' dresses are made non-inflammable. Indeed we had already had, it might be supposed, sufficient warnings in this respect in the recent deaths of the wife of the poet Longfellow in this country, and of Mrs. Brodhurst in London, and likewise in the deaths from the same cause, in 1858, of the Ladies Laura and Charlotte Bridgman, and Miss Plunkett, and in the case of Clara Webster, who was burned to death on the stage. We earnestly, therefore, urge attention to the following statements:

It is said (*Med. Times and Gazette*, Aug 3, 1861,) that "the most delicate white cambric handkerchief, or fleecy gauze, or the finest lace, may, by simply soaking in a weak solution of chloride of zinc, be so protected from blaze, that, if held in the flame of a candle, they may be reduced to tinder without blazing." Dr. Odling tells us that:—

"The various means proposed for rendering textile fabric non-inflammable were carefully investigated a short time back by two well-known chemists, Messrs. Versmann and Oppenheim. An account of their experiments was read at the Aberdeen meeting of the British Association in 1859, and was afterwards published in the *Journal of the Society of Arts*, and in a separate form by Trubner and Co., of Paternoster-row.

"They showed that linen and cotton goods dried after immersion in a solution of one or other of several salts, possessed the property of non-inflammability, and that the best results were obtained with a solution of sulphate of ammonia, or of tungstate of soda, neither of which liquids produce any injurious effect upon the tissue or color of the fabric. The tungstate of soda solution was found most applicable to

laundry purposes, on account of its not interfering in any way with the process of ironing.

“Muslins, etc., steeped in a 7 per cent. solution of sulphate of ammonia, or a 20 per cent. solution of tungstate of soda, and then dried, may be held in a flame of a gas-lamp or candle without taking fire. That portion of the stuff in contact with the light becomes charred and destroyed, but it does not inflame, and consequently the burning state does not spread to the rest of the material.”—*The Medical News and Library*.

What Constitutes Evidence of Live Birth.

Vice-Chancellor Sir J. Stuart decided a very curious point in medical jurisprudence the other day in the trial of *Brock v. Kellock*. Upwards of twenty years ago, a medical man died without a will, leaving property and a widow, who was pregnant at the time of his death. As his widow, she succeeded to a portion of the effects; but in case of her having a child, and the child dying, she became, as the heir of her own offspring, entitled to a further portion. She was delivered by Mr. Freeman, now of Plymouth; and the question was, did the mother give birth to a live or a dead child? Mr. Freeman distinctly stated in his affidavit that the funis pulsated after the separation of the cord, and that the child moved vigorously a minute before birth. He could not swear to the fact of respiration having taken place, but he remembered that the chest was full and arched, and he believed it must have breathed, because it was his usual practice not to divide the funis until respiration had taken place. He also placed the child in a warm bath, and he stated that he should not have done this had he not considered the child alive and capable of resuscitation. His distinct opinion was that the child was born alive, but weak; and that it died shortly after birth from the effects of a severe labor.

Dr. Robert Lee, in an affidavit, contested, in the strongest manner, the statement and opinions of Mr. Freeman. He thought it very likely that the pulsation in the finger and thumb might have been mistaken for the funic pulse. He maintained that the action of the heart, supposing it to have taken place, was no proof of life such as should be established, because the heart of animals would contract for hours or days after separation from the body. In his opinion, respiration was necessary to establish the fact of live-birth. He further said Mr. Freeman had testified that respiration had not taken place, and that no medical man would dare to give a certificate of live-birth in such a case. Dr. F. H. Ramsbotham concurred generally in the affidavit of Dr. Lee.

Dr. Tyler Smith, in his affidavit, said the pulse of the adult and the beat of the funis were so different, that the mistake supposed by Dr. Lee was not likely to have been made. He contended that a child whose heart was beating after its separation from the mother could not be said to be dead; that the beating of the heart of the lower animals after the separation from the body could not apply to the human infant; and that, even in these cases, it was an evidence of vitality. There was no proof of respiration having taken place; but Mr. Freeman's opinion upon this point was the best that could be had, and Dr. Smith showed that Dr. Lee was wrong in stating that Mr. Freeman had said no res-

piration occurred. He thought medical evidence was limited to the proof of life or death in a physiological point of view; that the law must decide what constituted legal life. He mentioned that medical men sometimes gave certificates of still-birth when the child moved and made attempts at respiration, if it did not fully recover itself after birth. His conclusion was, that it would be better to take a single vital act, such as the beating of the heart, which had been considered by physiologists the *primum vivens*, *ultimum moriens*, as a proof of life-birth, than the movements of respiration, which were often not fully established for some time after birth.

The Vice-Chancellor in his decision entirely affirmed Dr. Tyler Smith's view of the case, the good sense of which he greatly commended, and expressed his surprise that a man in Dr. Lee's position should have made such an affidavit. He held it proved that the child had been born alive, and refused the costs of the medical evidence on the opposing side. Dr. Alfred Taylor made no affidavit in the case, but was appealed to by Dr. Lee, and gave an opinion in favor of live-birth. This decision is of importance, inasmuch as it will go far to form the law, which has hitherto in this country been unsettled, upon the point at issue.—*Lancet*.

Case of Trephining for Epilepsy.—Temporary Relief Obtained, Apparently from Loss of Blood.

BY E. S. COOPER, M. D.

Capt. J. G., a sea-farer, formerly of excellent constitution and active habits, was injured on the head, seven years ago. The precise manner in which the injury was received we could not learn, but, on examination, there was found depression in three different places. One was in the front part of the skull almost directly over the anterior superior, or longitudinal sinus, nearly at the front, where the sagittal suture crosses the coronal. Another and much deeper depression, was about three-quarters of an inch to the left of the first. The third was an inch and a half back, and half an inch to the right of the last. Each of the last two were large enough to admit the end of a finger. The first of these two was tender to the touch.

At the time the patient consulted us, the mental faculties were nearly destroyed, the individual frequently forgetting his own name and age. The right arm was nearly paralyzed, and the leg of that side very weak. He had been subjected to epileptic fits ever since the injury, and was unable to follow any business.

Operation.—The scalp being shaved over the deepest of the three depressions, which was on the left side and tender to the touch, and was considered the only one requiring the use of the trephine, a crucial incision was made down to the bone. Cutting through the scalp caused an active and very persistent hemorrhage, considering the vessels wounded. The bleeding being almost arrested, a trephine, three-quarters of an inch in diameter, was passed through the cranium, and the depressed portion removed.

It was observed, about this time, that he had become much more rational, being able to call his friends by name—could tell his own name, age, and the name of the vessel of which he was once master. This appeared the more surprising, inasmuch as the inner plate of the

piece of bone removed was not depressed, the apparent depression of the outside being nothing but absorption of the entire outer and part of the inner plate of the skull, together with a great thinning of the scalp at that point.

This speedy improvement did not stop here. In three or four days he had recovered, to a great extent, the use of the arm and leg, and his speech and mental faculties were so much improved as to be readily noticed by all his friends.

During the night of the seventh after the operation, secondary hemorrhage set in, and was arrested, with much difficulty, though none but very small vessels were involved, the blood having lost, as it would appear, its coagulating principle. Frequent bleedings occurred after this, until the patient became very weak, when it was found necessary to carry stitches through portions of the scalp, and strangulate whole meshes of vessels together. The hemorrhage was finally arrested, but, as soon as that was affected, the old symptoms began to return. The bleeding was not, however, entirely arrested for nearly three weeks, during which time a regular improvement was perceptible, and, at those times, when the most blood was lost, the patient was in the best condition.

In one week after the bleeding ceased, a decided change for the worse had taken place, and this became rapidly more and more manifest, until, at the end of seven weeks after the operation, when he was much worse than previous to its performance. His affected leg and arm became almost powerless, his epilepsy returned, all his mental faculties were lost, or nearly so—his case being, in fact, hopeless. He was, consequently, sent out of the city, but died in his bed, alone, the first night after his arrival at his place of destination.

Query.—What was the cause of this temporary improvement and subsequent relapse? We shall publish our views, in full, upon this subject, at some future period.—*San Francisco Med. Press.*

Scarlet Fever and its Treatment.

Dr. Z. Woodruff thinks death in scarlet fever to occur in the majority of cases from the reflex action of the nervous system, the poison, by its primary action upon the skin, interrupting the functions of that organ and thus producing cerebral disturbance. The proper treatment, therefore, would have to quiet by all available means the irritability of the nervous system. One of the most effectual means for so doing is the free administration of anodynes, among which the various preparations of opium are the most reliable. Where opium is found to disagree, other anodynes may be substituted, as lupulin, belladonna, etc. The last named is valuable only when given in doses sufficient to quiet the nervous system, and not from its exerting a specific action in this disease. The room where there will be the least noise and confusion should be selected, air and sunlight freely admitted. The temperature should be as low as the patient will bear, without being chilly. While the skin is everywhere in a state of irritation, it is an impossibility to take cold. In this disease there is not only a morbidly excited vascular action of the skin, but intense nervous excitement. The effect of cold is to diminish both to that state which is requisite to enable the skin to perform duly its function. An increase of heat must be neutralized

by a corresponding augmentation of the cold, which latter will be found to conduce to perspiration in all cases in which perspiration is prevented by an unnatural excitement of the skin. It is highly important that an equable temperature be preserved. Frequent sponging with cold or tepid water, if the heat of the body is above a natural standard, or if the patient is restless, is generally beneficial; although it should be discontinued if there is any sensation of chilliness. The extremities should be kept warm until the eruption makes its appearance among them. The bowels should be kept regular by gentle laxatives or injections. Ipecacuanha, tartar emetic and other nauseants are rather injurious than beneficial. No irritating applications should be made to those parts upon which the eruption has appeared; blisters are especially to be avoided. Among the various local remedies used for the throat affection, none answer so good a purpose as Peruvian bark. As the eruption recedes, the flannels should be immediately re-applied, and the skin be rubbed with oil every day, until the new cuticle is completely formed. During this time, the room should be kept warm, the patient warmly clothed, cold drinks avoided, and exposure of every kind be carefully guarded against. Of sixty-nine cases treated in accordance with this rule, only one proved fatal. In small pox and measles the same course may be pursued.—*Am. Med. Gaz.*

Abstracts from Recent Medical Periodicals.

BY E. H. JANES, M. D.

IMPAIRMENTS OF VISION CAUSED BY LACTATION.—This is the title of an article in the *London Medical Review*, by George Lawson, Surgeon, etc. The author says that it is so common for some defect of vision to occur during the time that the mother is nursing her child, that few women who have borne many children have entirely escaped some of the slighter forms of this ailment, which may vary in intensity from a mere feeling of temporary giddiness to a state of incurable amaurosis. It may, in feeble women, manifest itself soon after confinement, while in the more robust it may not occur until many months after. He describes two distinct forms of the disease, in one of which the eye is directly affected, with sufficient manifestation of morbid action to account for all the impairment of vision of which the patient complains. In the other, the defect appears to be central or cerebral, the appearance of the eye being nearly normal. In the first form, the patient complains of her eye being bloodshot, of a feeling of giddiness, and of some intolerance of light. There is an inability to read long, as the lines become misty and the words run together; the eye looks inflamed, irritable, and watery, presenting very much the appearance of one from which a foreign body had been lately removed. It has a generally pinky appearance, and the ciliary veins are rather large, showing internal congestion. If the case be severe, the redness and impairment of vision increase until she is scarcely able to read large type; pupils sluggish, contracted, pulse quick and small, and other symptoms of exhaustion. The case is passive choroidal congestion dependent on anæmia, and on an exhausted condition of the nervous system produced by suckling. In the second form, there is in the early stage in the superficial appearance of the eye, beyond the palpe of the conjunctiva corresponding with the anæmic look of the patient

Giddiness, lassitude, muscular debility, plainly indicate the drain produced by lactation. Impairment of the vision increases, if the case is neglected, until complete amaurosis is the result.

The treatment consists in at first removing the cause, and such general tonic and sustaining treatment as each individual case may require. If there be choroidal congestion with photophobia, strong light should be excluded, cold applications employed, and the bowels kept open by some mild alterative. If the congestion extended to the iris, and a chronic choroido-iritis is produced, mercurials are undoubtedly indicated; but in all cases quinine and iron with nourishing diet seem to afford the greatest relief. Suckling of course must be absolutely forbidden. Several cases are reported.

ON THE SACCHARINE FERMENTATION IN THE MILK WITHIN THE FEMALE BREAST.—This is the title of an article in the Archives of Medicine, No. VII., by George D. Gibb, M. D., etc. He states that the discovery of vibriones in human milk by Vogel, was first announced in 1853, when he clearly proved that these animalcules were developed within the mammary glands, from the fact of their having been seen in the milk on the instant of withdrawal. He believed them to be the result of fermentation in the milk, from congestion and increased heat in these organs, connected with general excitement of the sexual system. Vogel's theory was combatted by the observation that were there fermentation, the evolution of lactic acid would immediately destroy the infusoria. In the latter part of 1854, Dr. Gibb was induced to make some researches into this important question, from the circumstance of an infant being brought to him, seven weeks old, extremely emaciated, the mother appearing perfectly healthy. It was a first child, healthy at birth, was ravenous, never satisfied with the large amount of milk it received, had no diarrhoea, but profuse diaphoresis and diuresis had worn it to a shadow. Upon examination, the milk was found to be rich in cream, neutral, sp. gr. 1032, and showed the presence of a large quantity of sugar. Examined under the microscope, it revealed myriads of living animalcules, known as *vibrio baculus*, but which he changes to the more appropriate name of *vibrio lactis*. These were, to his mind, the result of fermentation of the saccharine element in the milk, and the fact of their being seen the instant the milk was withdrawn, seemed to prove that the fermentation took place within the gland. There was no mammary congestion, but much sexual excitement, which it became necessary to control by moral and medical treatment.

The child was ordered good cow's milk, and occasionally the mother's milk, and began immediately to improve, becoming fat and hearty in a few weeks, and after a time wholly weaned. The mother's condition also improved; but the milk remained neutral, sp. gr. varying from 1032 to 1035, very rich in sugar, and contained animalcules for some weeks. As the child was gradually weaned, the richness of the milk became less, and being compared with other specimens from time to time, it was found to contain a large amount of sugar, and turned sour much sooner than cow's or healthy human milk. From 1854 up to the present time, he has examined many hundreds of specimens, and found two genera of animalcules, where the general health was disordered during lactation, or where the process of lactation was prolonged or an insufficient quantity secreted. They consist of the true *vibrio lactis* resembling minute hair-shaped bodies, and of monads which were

found to be far more frequent, and which he calls *monas lactis*. Their diameter ranges from the 3,000th to the 5,000th part of an inch. They were found at all periods of lactation, the milk varying in color, sp. gr. from 1024 to 1035, and almost invariably neutral or alkaline. The children, as a rule, are badly nourished, emaciated, resembling little old men, and soon die of inanition (unless resort be had to other food), while the mothers appear in good health, milk rich, especially in sugar. He does not think that these little bodies disagree with the child, but suggests that the milk, as it is secreted, receives a galvanic shock through the influence of the uterine nervous system that renders it useless as a nutritive fluid, and it does not undergo the natural changes in the child during the process of assimilation. He regards the act of fermentation within the breast as a fact fully established, and believes that it need not necessarily give rise to lactic acid, as the milk, when examined, is always either neutral or alkaline.

He adds in conclusion, that when an infant is observed to become extremely emaciated, with copious exudations from the skin, intestinal mucous membrane, or renal organs, separately or combined, and if the mother is apparently healthy with a good supply of milk, its examination becomes a matter of urgent necessity, and if it is found to contain any infusoria, it must be gradually dispensed with, and such measures adopted as shall arrest the starvation of the child.—*Am. Med. Times*.

EDITORIAL DEPARTMENT.

CINCINNATI DISPENSARY.—At this Dispensary the poor are treated gratuitously. The applications for advice and surgical treatment have been greater than usual, and many important operations have been performed before the class of the *Cincinnati College of Medicine and Surgery*, to which it is attached. We would say to our brethren, at a distance, that cases sent by them, will receive the same care and treatment of those in the city, no matter what the case may be. Remember it will be necessary for those applying to produce a certificate to the effect that they are poor. For further particulars see advertisement, or address the Senior Editor.

EXCHANGES SUSPENDED.—We are preparing a list of *living* journals to lay before our readers by the first of the new year to enable them to select for 1862.

CAN IT BE SO?—We are credibly informed that there are some *two or three* physicians in Preble County who do not take or read a Medical Journal! Will some kind friend to poor suffering humanity send us their names that we may make a record of them? Suppose every reader of the *News* considers himself a committee of one to report similar cases in their respective counties, so that we can form the nucleus of a *statistical table* on the subject,—let us get the ball in motion, move on.

CINCINNATI COLLEGE OF MEDICINE AND SURGERY.—We are happy to announce to the friends of this institution, that it opened with its usual prospects, and now has a larger class than was expected. The students in attendance are from Ohio, Indiana, Illinois, Missouri, Kentucky, Pennsylvania, New York, and Iowa.

OHIO STATE MEDICAL SOCIETY.—We desire to know if any of our country friends have seen the published proceedings of this society, for the last meeting. Perhaps it is the intention to "hold over" till next year.

A Dr. Agenti, of Padua, has been endeavoring to learn at what hour of the twenty-four death most frequently occurs. The result of observations upon 1,947 persons, is that the deaths preponderate somewhat in the post-meridian period over the ante-meridian; the greatest number occurring at 11 o'clock at night; the greatest number in the day also occurring at 10 and 11 o'clock. *

Army Surgeons.

At the present time this is one of the most important subjects upon which we could write, not for the purpose of instructing in this department, but to refer our readers to some well arranged work upon *Army Surgery*.

PROFESSOR GROSS, of Philadelphia, is too well known as a writer of ability to require any commendation for the productions of his pen; it is, therefore, only necessary for us to say that he has written a work on *Army Surgery*, and that it is sold, we believe, at *one dollar*. A copy of this work was sent us by the publishers, but before we had a chance to read it, *military proclivities*, we suppose, induced it to leave our table, and like many a poor soldier, it has gone to return no more. But this is not our only misfortune in regard to this work; we wrote, what we believed to be a very appropriate notice, and sent it to the printer, but as times looked rather *squally*, it "dodged the corner," or "slipped through his fingers," and we heard no more of our intended reward for the favorable consideration we had received. We advise those who may desire to study *Army Surgery* to procure this valuable little book.

CHEMICAL ANALYSIS BY SPECTRUM OBSERVATIONS.—We desire to direct the attention of our readers to an article in the last number of the *News* entitled as above. This method of chemical analysis is now producing some excitement throughout the scientific world, on account of the great results that are anticipated from it. Profs. Bunsen and Kirchhoff, the authors of it, we understand, hope to demonstrate by it the nature of malaria, and other atmospheric causes of disease. It is cer-

tainly to be hoped their most sanguine anticipations, in this respect, may be realized. We do not know of anything that would afford the Profession more pleasure than the settling of those vexed questions—the nature of malaria, blood poisons, epidemic influences, *and such like*. *

Academy of Medicine.

We are happy to inform our readers that on the evening of the 11th, the discussion upon Puerperal Fever closed. We will say, however, it did not give up the ghost without a struggle. Some of the members tenaciously persisted in continuing it longer; but the majority *kicked* the thing out as entirely used up. One of the gentlemen, Dr. Fries, we believe, expressed it as his opinion, that, during the whole discussion, not a single idea had been advanced that could be made of practical benefit at the bed side.

It occurred to us that those gentlemen who labored so strenuously to make out that the disease was an essential one, dependent upon some blood poison, were striving in regard to a matter concerning which, they themselves knew nothing. While it seemed generally agreed upon that the disease, as it presented itself in this country, was of a local inflammatory character, it appeared that it was principally in the European countries, generally in France, that it assumed the zymotic form. But even there the *catching* kind is not always without abdominal inflammations; for Dr. Murphy, who took an active part in urging its essentialness, in producing testimony to that effect, read from a Bordeaux journal an account of an epidemic in that city, in which some of the symptoms described were fever, pain and tenderness of the abdomen. The Dr. may have thought that he thus made the matter luminous, but we failed to discover any brilliancy about it.

Dr. Carroll, who closed the discussion, considered the disease a local inflammatory one, and pronounced the zymotic character of it a *humbug*. Some time since, he had been called in consultation to see a woman suffering with puerperal fever; there was very great tenderness over the abdomen, and the bowels were tympanitic. The physician, who was in attendance, and who had been to *Paris*, had given her some *zymotic medicine* but it availed nothing—she sank and died.

Bleeding in this disease, he said, should be instituted within six hours of its inception. When not employed within twelve hours, the patient, generally, was not in a condition to bear it. The often rapid fatality manifested by it after delivery, he thought, was mainly due to inflammation being set up previous to confinement. In support of this opinion he related a number of cases.

Whatever discussions of interest, hereafter, may take place in the *Academy*, we will duly report them to our readers. *

Opium and Quinine.

Reading an article by Mr. Edward Parrish, entitled "Notes on the Narcotics," which we publish in this number of the journal, in which is stated in what per cent. of the prescriptions of the physicians of Philadelphia, opium, morphine, and other medicines appeared, we called upon DR. E. C. TOWER of this city, a pharmacist of long standing, who, at our request, kindly furnished us with the following facts in regard to the per cent. of the prescriptions of the physicians of Cincinnati in which quinine and the preparations of opium occur.

In one thousand prescriptions, opium and its preparations were found in 25 per cent.; quinine in 15 per cent.; other tonics 3 per cent. It will thus be perceived that while the per cent. in the case of opium is somewhat greater in Cincinnati, that of quinine is almost double. In respect to the seasons of the year in which quinine is most prescribed, he found that during the year 1860 there was no variation—in Spring, Summer, Fall, and Winter it seemed prescribed alike. In reference to other years he did not examine.

The dose of opium, he reported, as rarely exceeding a grain; that of morphia ranging from one eighth to one half of a grain, the average about one fourth. The dose of this latter has materially increased in the last twenty years—formerly it ranged from one tenth to one sixth. Whether this increase is due to the manufacture—its properties having been deteriorated in increasing the beauty of its appearance—or to a change in diseases, or to the almost universal indulgence in narcotic stimulants, as tea and coffee, tobacco, malt and spirituous liquors which now prevails to a greater extent than ever, he is not prepared to express an opinion. He thinks, however, the latter condition of things has had an influence. The largest amount of morphia he ever knew prescribed was twenty-two grains in twenty-seven hours, in the case of a courtesan who had delirium tremens, and was an opium eater. *

Medical Institution at Guadalajara, Mexico.

We learn from the journals that at Guadalajara, Mexico, there is a flourishing school of medicine having seven professors, natives of the country, five of whom graduated at Paris. The college building is a stately edifice, and in connection with it, there is a very extensive and well arranged hospital capable of containing near 3,000 patients. There are, at the present time, within its walls about 500 sick.

Dr. Carman now residing in Mexico, and formerly professor of *Materia Medica* in the University of the Pacific, reports that the laws there are very strict in regard to the practice of medicine, and that none except those who have received a diploma from some respectable medical school are permitted to practice. This certainly speaks well of the Mexican government. *

PHYSICIANS HAND BOOK OF PRACTICE FOR 1862.—This work is neatly got up by the publisher, W. A. TOWNSEND, No. 39 Walker street, New York; the author, WM. ELMER, M. D., also resides in New York; but the *Hand Book* is for sale at Rickey and Carroll's Book Store, No. 73 West Fourth street, Cincinnati. These books have been so long in use that it is unnecessary to do more than direct *Doctors* where to find them; for we suppose that, at this day, no medical man who reads is unacquainted with their utility; but if there should be one so much behind the times, we can only say to him, buy one and become enlightened.

Report of a Committee of the Boston Medical Society on the Dangers of the Inhalation of Sulphuric Ether.

This pamphlet entitled as above has come to hand. In looking over the Report, it rather seems to us the Committee went to work somewhat prejudiced in favor of the superiority of sulphuric ether as an anæsthetic over chloroform. At any rate, they give it by far the preference, and assert that it is, "of all anæsthetic agents, alone worthy of unlimited confidence." We admit the preponderance of the testimony rather favors the safety of ether, but there appears to be an effort to ignore fatal cases attributed to it, and a desire to make the other responsible for deaths, the causes of which are by no means clear.

Notwithstanding whatever may be said against chloroform, ether will never entirely supercede it. Some other agent may take its place, but ether never will. We consider that it bears about the same relation to chloroform that the pil. hydrargyri does to calomel, or some of the kindred narcotics do to opium; they are milder and in many cases will act equally as well. But they lack the great attribute of being depended upon—they sometimes will not act. In illustration, we were lately present at an operation performed by Prof. A. H. Baker before the class of the Cincinnati College of Medicine and Surgery, at the college building, for the removal of an immense fibro-cartilaginous tumor, some eight or nine inches in circumference, from the head of a little boy some seven or eight years old. At first it was determined to produce anæsthesia by pure sulphuric ether, and accordingly the effort was made. But the little fellow, frightened by the sight of so many strange faces about him, and the prospect of the operation, kept up such a constant screaming and struggling that at the end of half an hour, although the anæsthetic had been copiously employed, he manifested not a single symptom of being the least under its influence. The Prof., then, directed the substitution of chloroform, and in two minutes the patient was sound asleep, and the operation proceeded and terminated with no untoward results occurring.

In the table of alleged deaths given in the Report, which, it is said

comprehends the whole mortality attributed to the inhalation of ether, in both this country and Europe, there are forty-one cases set down. Not one of these, however, is the Committee willing to admit as due to the anæsthetic; they assert that every one can be explained as arising from other causes.

The Committee concluded their Report by saying, "that the dangers of chloroform are not averted by its admixture with sulphuric ether in any proportions. The combination of these two agents cannot be too strongly denounced as a treacherous and dangerous compound. Chloric ether, being a solution of chloroform in alcohol, merits the same condemnation."

One of the Committee, Dr. C. T. Jackson, excepted to the words, "the dangers of chloroform are not averted by the admixture with sulphuric ether." He believes that a mixture of four measures of ether and one measure of chloroform may be employed without danger, and that the risks from chloroform are diminished more than four-fifths by this combination.

*

Transactions of the Medical Society of New Jersey, held at Trenton, January 22d, 1861; Ninety-fifth Annual Meeting.

These published proceedings of the State Medical Society of New Jersey have come to us; they make a pamphlet of some 116 pages. They contain, besides the Minutes, an Address by the President, Dr. Elmer; Report of the Standing Committee; An Essay on the Mind and Nervous System in their General Relations to Disease, by Ezra Hunt, M. D.; The Medical Topography of Newark, New Jersey, by J. Henry Clark, M. D.; Water Cure in Orange, N. J., by Stephen Wickes, M. D.; Report of District Societies.

The Standing Committee report that diphtheria has prevailed as an epidemic throughout the state. The mortality, as reported to them by different physicians, averaged about 4 per cent. Dr. Bacon, of Cumberland, they say, reports 8 deaths in 200 cases; Dr. Rosenberger, of Hunterdon, 3 deaths in 80 cases; Dr. Southard, of Essex, 4 deaths in 40 cases. They state, that it seems to be generally regarded, "not as a local affection, but as a blood disease, and of a specific character distinct, in the opinion of most observers, from scarlatina and cynanche trachealis," and is not attended with an eruption. It is also considered a disease of low grade, requiring tonic and not depleting remedial measures. The constitutional remedies chiefly recommended were, tr. ferri sesquichloride, 10 to 15 drops in water, every 3 or 4 hours, with chlor. potass., and quinine, brandy, and brandy with milk, chloric ether, etc. For the local affection, nit. silver in solution, 20 to 50 grs. to the oz.; sulphuric acid, and tannic acid were used with more or less benefit.

Scarlet fever is also reported as having prevailed as an epidemic dur-

ring the year in some portions of the state. Since scarlatina and diphtheria, generally, if not always, appear in the epidemic form at the same time, and since either may, or may not be, attended with an eruption upon the surface, and have other points of resemblance, we cannot perceive how they can otherwise but be considered identical—diseases proceeding from the same *materies morbi*. We know the Committee assert, as we have stated, that diphtheria is without eruption; but this does not accord with the observations of most physicians. We never meet with a report or discussion upon either or both of the diseases that we do not find something in confirmation of our views upon the matter—something leading to the conclusion that they are one and the same.

The Committee report that no *irregularities* in the profession during the year have come to their knowledge. Surely the Jersey doctors must be ensamples of well-doing, that, during a whole year, throughout a whole state, not a single infraction of the *Code* should occur. Where else can the like be found?

Dr. Brown's paper on the mind and nervous system, or, "neura-psychology," is interesting, although we do not perceive anything new developed in it. The Dr. divides the treatment of disease into the mechanical, chemical, and what, we presume, might be termed the *mento-nervous*. While the two former methods have been diligently cultivated, the latter, he thinks, has not received the attention it should, and gives many facts in illustration of the nerve-origin of disease, and the beneficial influence of remedies addressed to that source. We have always believed, ourselves, that many diseases, both local, and general, have their origin in this mento-nervous system, but, at the same time, we are confident that many nervous and mental irregularities are induced by morbid conditions of the body. Irritation at the peripheries of nerves is no less effective than at their centres, and when thus located it should receive our attention accordingly. But because a disease is benefitted by the use of nervine remedies, we do not think it follows the disorder is a nervous one. The nervous system is, as it were, the *gearing* of the whole organization, and through it we can modify the functional operations of every organ of the body: the circulation, for instance, we can either excite or depress through it—consequently we can operate directly upon it in our treatment of disease, and there yet be no lesion of its structure whatever. The presumed increase of nervous diseases by the increased consumption of narcotic medicines, we consider more apparent than real; much of it is undoubtedly due to physicians better appreciating how more readily they can produce results *through the nerves* than through any other source.

Dr. Wickes, in his paper on the water-cure treatment, treats the subject in quite an entertaining and philosophical manner, and shows co

clusively the absurdity of making this method a *cure-all*. We would like to give an outline of the paper, but have not time.

The next, or 96th Annual Meeting of the Society, will be held at New Brunswick, on the fourth Tuesday of January, 1862, at 7 o'clock, P. M. *

A Good Wife.

A stray copy of the September number of the *News* containing an article entitled "The great Mistake of Young Physicians," having fallen into the hands of a young lady of this city, in which it is strongly *insinuated* that young doctors marry too early, she sent us the following clipped from the *New York Observer*:

A good wife is heaven's last best gift to man—an angel of mercy—minister of graces innumerable—his gem of many virtues—his casket of jewels—her voice, his sweetest music—her smiles, his brightest day—her kiss, the guardian of innocence—her arms, the place of his safety, the balm of his health, the balsam of his life—her industry, his surest wealth—her economy, his safest steward—her lips, his faithful counsellor—her bosom, the softest pillow of his cares—and her prayers, the ablest advocates of Heaven's blessings on his head.

Of course young ladies are *disinterested* well-wishers of young doctors—Of course, they would wish him to marry for *his* own comfort only—Of course, *they* have no concern in the matter themselves. No not *they*—They look upon marriage as conferring blessings upon man only; it does'nt bring any benefit upon themselves—Their entering into it is a *sacrifice* on their part for man's good—It arises only from the outpourings of their sympathies towards him on account of his lonely condition.

"Her kiss," etc., "her arms," etc. Terrible! Since the reception of the article such a nervous tremor has pervaded us that it has been with difficulty we have been able to hold our pen. A lady who would shock a bachelor's nerves by presenting such things before him must have a wicked heart indeed, a disposition cruel in the extreme. If ever we see another bearer of a message coming from her, we will double lock our door, and pile chairs, table, and stove against it. We will not permit ourselves to be tortured; we will take means to defend ourselves. But enough, our feelings are too much for us. *

The Prospective Failure of Cinchona.

Some of our journalistic confreres express some fears that the supply of this *divinum munus*, cinchona, may, ere long, fail, and we be without a proper substitute. Such an event would be a calamity indeed, but we have too much faith in Providence to presume that he will ever permit anything of the kind to occur. When its scarcity becomes so great as to make it necessary for us to look about ourselves for something to take its place, we have no doubt some remedy will be discovered which will

be as far superior to it, as it was superior to all medicines previously employed for like purposes. The human family, we believe, never has been, and never will be, deprived of anything *necessary* for its well-being. Some may say, then, this being so, we may stand idly by and witness our resources becoming exhausted; for that, as soon as they are consumed, others will, of themselves, take their place.—Not by any means; but if we are diligent in our labors, success will crown our efforts, and our wants will not suffer.

We are informed that the value of the bark stimulates, not to its cultivation, but to its destruction, and that in Bolivia, "where formerly we met with it everywhere in the vicinity of villages, now to find a tree of a few decimetres in diameter, it is necessary to make a journey of several days duration into the bosom of the forest" (Dr. Weddell.) We are also told that in Ecuador it is almost exterminated. In Chimborazo, however, it is stated that the inhabitants are endeavoring to raise a new crop by breaking off young branches and sticking them into the ground. The British Government, too, are making efforts to perpetuate its existence, and keep up the supply by transplanting plants to India.

What remedy will take the place of this indeed great therapeutic agent if the sources from which we derive it become exhausted, of course, it is impossible to say. Perhaps our knowledge of pathology and general therapeutics may make such advancement that no individual medicine will be its substitute. If such a thing should happen, it would, indeed, be very desirable. Who knows but that the apparatus of Profs. Bunsen and Kirchhoff may afford such an analysis of malaria by spectrum observations, that the neutralizing of its poison may be an easy task, and readily accomplished, not by one only, but by several agents?

*

An Inquiry.

MESSRS EDITORS.—The following note appeared in the *Gazette* of Cincinnati, of the date of September 6th, 1861:

"Dr. Blackman with several other surgeons started for Washington yesterday morning. They had been sent for by the government. It is supposed they will have some warm work there."

Great solicitude is manifested in our community in relation to the communication, as almost all the doctors of Cincinnati have, in this section of the country, many friends, and those who are bound to them by the ties of consanguinity, believing that the predictions of the *Gazette* were well founded in relation to this warm work spoken of above, as it professes to be the authorized organ of the government. As nothing new has been developed in relation to those brave men who have taken their lives in their hands and gone forth in the time of their country's peril and danger, and as no names have been given but one, the solid

tude is increased, as the query is, "is it my son," "is it our brother," "is it our cousin?" and as now months have elapsed, and no tidings in relation to them, the feeling is intense, and perhaps has no parallel since the lamentations in Ramah, "Rachel mourning for her beloved ones, and refusing to be comforted because they were not."

Messrs Editors, what has been their fate? Have they fallen the victims to disease, or was it their lot to die in glorious warfare? If so have any of their last sayings been remembered, or shall we have the painful pleasure of transmitting any of their reminiscences to posterity?

Since writing the above, our agitation has been still more increased by reading in the *Commercial* of Sept. 23rd, an announcement that Dr. Blackman has not been stationed at Washington, but placed on Gen. Mitchell's staff. Thus it would appear there was no hope for our friends, and all apparently left us now to do, is to honor their memory by the ancient custom of putting ashes upon our head, or if not, girding our loins with sack-cloth and mourning for thirty days.

Montgomery Co., Ohio.

SUBSCRIBER.

The Comparative Danger attending the Operation of Abdominal Section from Internal Hemorrhage and all other Causes.

Dr. E. S. Cooper, of San Francisco, says more danger is to be apprehended from internal hemorrhage, in abdominal section, than from all other causes combined. He considers it the cause most to be feared, of inflammation; far more, indeed, than the admission of the atmosphere into the abdominal cavity, which is usually taught by authors to be most guarded against. Indeed, he pronounced the latter cause as trivial, and not much to be heeded. Bleeding vessels, and sometimes entire bleeding surfaces, he directs, "to be secured, even if, in doing so, the intestines must be permitted to lean out of the abdominal cavity, (if in a mild atmosphere,) and remain for some minutes." Besides the blood in an internal hemorrhage acting as a foreign body, he says it produces a powerful depression upon the nervous system—an internal uterine hemorrhage, for instance, proving fatal from a much smaller amount of hemorrhage than when the blood flows out freely through the mouth of the womb.

In the *Cæsarian* section, he thinks, the edges of the wound made in the uterus should, by all means, be approximated by sutures. In two cases in which he performed this operation successfully, he instituted this procedure. The irritation arising from the remaining of ligatures in the abdominal cavity, in any, is scarcely worth mentioning. How

the practice of leaving the wound in the womb, in this operation, to heal without approximating the margins, ever obtained the sanction of the medical profession, is a mystery to him. When peritoneal inflammation does occur, after abdominal sections, it is more frequently the result of blood or purulent discharge from the internal wounds remaining in the abdominal cavity, than from the section itself. *

CHLORATE OF POTASH.—Dr. Tully says in regard to this salt, "that as respects medicinal power it is a pure reducing or anti-phlogistic, or refringent remedy, i. e., it directly reduces vital energy and strength of action in the arterial system, and, of course, relieves phlogistic drathesis." He rejects the notion that it imparts free oxygen to the blood, and says that it is of no service in syphilis, scurvy, cutaneous diseases, etc. *

Obituary.

Died, Nov. 7th, at Warsaw, Missouri, of fever induced by the campaign, SAMUEL N. MIDDLECOFF, aged twenty-six years, Second-Lieutenant of the Fremont Hussars.

The deceased, previous to the country being involved in its present intestine difficulties, contemplated, as he informed us, of entering the medical profession. But the government becoming endangered, and our beloved union seeming to be imperilled, he felt called upon to lay aside all other purposes for the present, and to gird on his armor and march forth and fight for the maintenance of the laws and of the institutions founded by our fore-fathers. Although he died not in glorious battle, yet his life was none the less sacrificed in his devotion to patriotism. May his ashes rest in peace, and may his memory never cease to be fondly cherished by us all.

To his parents, to his brother, to his loving sister, to his relatives and numerous friends, we would say, "that they should sorrow not, even as others which have no hope." He whose life was so upright and was so beautifully terminated—terminated in the service of his country—has now entered upon the joy of a blissful abode in the better land; and, although the eyes may weep, and the heart feel sad and dreary, there is yet the sweet comfort to the soul, that, although dead, he still liveth, and still regardeth his loved ones upon earth with an affection not diminished, but purer and holier than ever. *

CINCINNATI

MEDICAL AND SURGICAL NEWS.

NEW SERIES.

VOL. I. CINCINNATI, DECEMBER, 1860. No. 12.

MISCELLANEOUS CONTRIBUTIONS AND SELECTIONS.

CINCINNATI, Nov. 9, 1860.

PROF. B. S. LAWSON, M. D.—DEAR SIR: At a meeting of the Students of the Cincinnati College of Medicine and Surgery, held in the Amphitheatre of the College, October, 16th, 1860, Kingston Goddard, M. D., was called to the chair, and J. Keith Moore appointed Secretary, whereupon the following resolution was unanimously adopted:

"Resolved, That a committee of one from each State and Province, represented in the class, be appointed to wait upon Prof. B. S. Lawson and request a copy of his Introductory Address for publication."

The undersigned, as the appointed committee do hereby conform with the above Resolution by respectfully requesting a copy of your Introductory Address for publication. By complying with the above you will greatly oblige,

Yours etc.

F. M. HARRIS, Kentucky.
J. R. BLAIR, Virginia.
R. G. COOK, Missouri.
C. N. DENNISON, Illinois.
E. T. GARDNER, Pennsylvania.
J. P. COLGROVE, New York.
J. W. PICKETT, Ohio.

H. W. CHASTEEN, Indiana.
C. H. MUNRO, Nova Scotia.
J. HARE, Minnesota.
M. N. SENSABAUGH, North Carolina.
J. K. HASSIN, Maryland.
J. D. EDWARDS, California.
J. G. WOOLSEY, Tennessee.

CINCINNATI, Nov. 10th, 1860.

GENTLEMEN: Your communication was duly received, and in accordance with the wish of the class, I will be pleased to furnish you a copy of my lecture.

Respectfully yours.

B. S. LAWSON.

Messrs. F. M. HARRIS, Ky.

J. R. BLAIR, Va.

R. G. COOK, Mo., and others. }

Committee.

Introductory Lecture of Professor B. S. Lawson, M. D.

DELIVERED OCTOBER 15TH, 1860.

GENTLEMEN,—By an expressed wish of the Faculty, I appear before you this evening, for the purpose of opening the present course of lectures, by the delivery of a general introductory. This task would be performed with great pleasure, if I could flatter myself, that, I would succeed in arousing in your minds an undying resolve, that you will, during your professional career, so devote both your time and talents, as to elevate the profession and to do honor to yourselves, by the untiring and unceasing efforts which you will make in behalf, of scientific medicine.

Before you advance one step farther in this Temple, consecrated to the best interests of humanity, examine yourselves thoroughly in reference to the purposes of your mind on this important subject. Are you determined to do all that you can, in an honorable way, that will have a tendency to elevate the profession, and to dispel the clouds of error, by which it has been defaced, by the daring and ruthless hand of empiricism? Will you sacrifice pleasure and inglorious ease, that you may the more successfully prosecute your studies, and subserve the best interests of suffering humanity? Do your hearts beat quicker and stronger than they were wont to do, under an unconquerable ambition to place, if by any possibility you can, the flag of scientific medicine in a more elevated position than it has ever yet occupied? All who can answer these and similar questions in the affirmative, are thrice welcomed, in their incipient efforts to become enrolled among the members of a most noble and valuable profession.

But if, Gentlemen, there should be, unfortunately, those among you, who are fonder of pleasure than they are of study; who prefer ease to the arduous pursuit of knowledge; who will not pledge themselves, now and forever, to keep aloof from the numberless resorts of dissipation, ever looming up within the range of their observation; to all such, I would unhesitatingly say, *go home*, this is not the place for such a class of men, nor is medicine the science which they should dare to prosecute. We have already, too many, far too many, of such excrescences hanging on to our profession, and we would greatly prefer to see the amputating knife applied in relieving us of them, than to be the means of adding to the body any more of such material, which is both supremely detestable as well as superlatively hurtful. Such men, cannot but disappoint their friends and bring disgrace upon themselves and upon the healing art.

When you contemplate the extensive field which you are to explore, and in which you must labor, you will at once perceive that there is no time to be lost,—no talent to be unoccupied, and no compromise to be made with anything that is calculated to retard your onward and upward course. Sauvages, a most eminent French nosologist, has presented a catalogue of some two thousand four hundred disorders to which our race is subject. It is with this long list of maladies, the production of that infernal machine; Pandora's box,—you will have to grapple; and you should ask the question, how am I to be fitted for such a task? And the answer, by study—by an uncompromising devotion to an investigation of disease and its cure, will teach you what you ought to do, and what you must do, if ever you become a successful combatant in the mighty contest in which you are hereafter to be engaged.

By a reference to our circular, you observed before leaving your homes, that, we require of every student before matriculating, to give satisfactory evidence of good moral character. We require this evidence in every case, and therefore, Gentlemen, we have substantial reason for expecting to see this proven in the deportment of every one whose name is on our matriculation book. If, in any case, we shall find it to be otherwise, we will have the proof, in that gentleman's actions, that he has imposed on us, by presenting to the Faculty, false evidence,—an act of which I hope none of you are capable.

Another requirement is that, "the student, before matriculating, must give satisfactory evidence of having acquired a good English education." To our requirements we most strictly adhere, nor will we knowingly depart from it in any case. We are well apprized that by pursuing this course we shut our doors against many who would otherwise come in, and in this way lessen the number of our class every winter. Be it so, and so we want it to be, and for this very purpose we published to the world the above requirements. But some one will say, if you will not receive every student that applies to you for admission, other schools will admit those which you reject. True;—but why do they do it? Let them answer; perhaps, the almighty dollar has something to do with it. We, I presume, as anxiously desire to have a large class, as any other Faculty; and I suppose we are as fond of money as most other men; but, I assure you, that neither a desire for one, nor a love for the other, can ever influence the Faculty of this college, knowingly, to admit one student who has not acquired a good English education, nor one who does not give satisfactory evidence of possessing good moral character.

It must be admitted by every one, that it is essentially necessary, in a man engaged in the practice of medicine to be able to write a good legible hand, and to express his ideas on paper in accordance with the grammar of the language in which they are written. How, otherwise, is he to keep a record of his cases for his own reference and improvement? and how is he to communicate the result of his observation and practice for the benefit of the profession at large? thus aiding in the advancement of science, and proving that he lives, moves, and has his being, among the noble sons of *Æsculapius*.

Our object is, to try to elevate the profession, by rejecting material, which, on account of its unadaptedness in this direction, is unsuited for being worked into so glorious an edifice. We wish not to present any inducement to the young men of our country, to pass by and reject trades and occupations for which they may be qualified, and in which they might become both useful and honorable, and to press themselves into a profession, for which they are wholly incapacitated, and in which they would droil out a lifetime of miserable inferiority. No, Gentlemen, we are not among those servants, who go into the highways and bid both bad and good to come to the marriage. We would rather say, first get on the wedding garment, then come and knock at the door for admission, and when admitted, and examined, in reference to the wedding garment, you will not be speechless, and the servants be ordered by the king to bind you hand and foot and take you away and cast you into outer darkness, where there shall be weeping and gnashing of teeth.

I will also add, that, we do not wish to speak too discouragingly; for I am aware of the fact, that many members of our profession, were men

of very limited education, and who by dint of perseverance and unmitigated industry, reached high, very high, positions among us; but these are noble exceptions;—self-made men, and whenever you meet with such a man you cannot keep him back; for whatever may be your requirements, he will soon comply with them, for he will pour over his books by the midnight lamp, and deny himself hours of recreation and pleasure, until the work is accomplished. He will work, when others sleep;—he will be found engaged in his studies whilst others are engaged in the busy round of pleasure and dissipation. We wish to encourage every ambitious and worthy young man, who may wish to become identified with us, to begin the matter at the right end, and if he has, unfortunately, been deprived in his youth of educational advantages, to take so much of his time as will be requisite; and qualify himself for the more easy and more successful prosecution of the study of medicine; this done, his future researches will be both easy and profitable; but this not done, you may not say his object is difficult of attainment, but almost impossible.

Our requirements were recommended by higher authority than is possessed by any one Faculty, however learned. By reference to the proceedings of the Ohio State Medical Society, you will find that, "it has long been the object of that honorable body, to improve the condition of the profession, and for that purpose many plans have been proposed, all of which asked the colleges to refuse admittance to all who had not attained a certain standard of preliminary education. On the part of the colleges it was urged, that this could not be done without serious injury to the schools of our State; and that the *Office Preceptor* should attend to this important requisition; and thus the matter stands without action."

"The Faculty of the Cincinnati College of Medicine and Surgery, having investigated the subject thoroughly, and being fully satisfied that no single school could establish a standard of literary attainments, and a higher one of medical qualification, without great sacrifice, it may be supposed they would make the change with some degree of reluctance; but, feeling the great responsibility that rests upon the medical teacher, it was determined, three years ago, to commence the work by making the school *free*, only charging sufficient to meet incidental expenses."

"But low fees constitute a loud bid for students," says an objector. Suppose we admit it; for the sake of the argument, what then? Are we singular in *bidding* for students? Is there a college in existence that does not do this very thing regularly, every year? What do their annual circulars mean, if they are not intended to induce students to attend the lectures in the colleges from which they emanate? It certainly is a most senseless objection, and goes far to show how tight pressed was the objector, who could find no stronger argument:—if an argument it can be considered. Can there be found seven men so simple as to found a college of any kind, and then resort to no method of making it known and getting students to attend?—this, if such an instance could be found, would be the very perfection of folly. And would they not have an inalienable right to fix their fees as high or as low, as they in their judgment believed would be best calculated to *subserve the purposes* had in view? I know no law of in ethics to *prohibit it*, and expediency justifies it, as well as demands it. Fees will

generally be graduated by the expense incurred,—the pecuniary ability of the projectors,—the amount of the love of money which rankles in their breast, and the quantum of disposition to do good for the purpose of benefiting society as far as they can, regardless of sacrifice in time or labor. Will you anathematize men, who act independently on such matters, by speaking of their efforts disparagingly because they dare, in the face of opposition, to push forward an enterprise, which none but the benevolent, none but the philanthropic, ever could have conceived, or if conceived, ever would have reduced to practice. If you can do this, you now have an opportunity. Level your cannon at us; we are the offenders; and if the community demand it we refuse not to die. We stand before the bar of public sentiment, and to the public we appeal, and all we ask, is, “strike us but hear us.” We can not for the carping of a few, and that few, interested, because their craft is in danger. From them we expect the cry of opposition. We appeal, however, to Cæsar, and before his bar we must be tried, and to his decision we will cheerfully submit. If Fathers will not allow their sons to attend our school; if Doctors positively forbid their students entering the door of the *Cincinnati College of Medicine and Surgery*; and if the young men themselves will pass us by and not recognize our efforts for their benefit, and for the benefit of the dearest friends they will ever have on earth, *then and not till then*, shall our flag, now waving triumphantly over us, be ever furled, or a stripe or star tarnished by the hand of an enemy. No Gentlemen; we have given it to the breeze, and its gentle, but unceasing undulations, show the kind reception with which it has met and its continuance there, is an evidence that no truce has been entered into and no declaration of peace has yet been agreed upon; nor will we ever become party to any capitulation that does not recognize our independence and the honor of the position which we have assumed.

The design we have in view is certainly, a praiseworthy one, and that design is, as has been already expressed, to elevate the standard of requirements, so as to secure material of the best quality, out of which may be reared, physicians and Surgeons, who may occupy high ground in their profession. The amount of money which we receive for our labor, is not a matter of even secondary importance, and our fees will be regulated by the demand for the means necessary to enable us to teach the several departments in the most successful manner. We wish never to be under the necessity of resorting to an apology for making a poor Doctor, such as was offered by a professor;—in a College not a thousand miles distant,—for graduating a young man of known and acknowledged disqualification; by saying, as he did; “give us better material, and we will make better Doctors.” Our plan, secures the “better material,” and from our plastic hands come forth the “better Doctors,” and no apologies needed.

Our object then, in making this change, was not to secure *large* classes; but *intelligent* ones; and so far we have succeeded in an eminent degree.

We have thus, gentlemen, made a brief expose of our position and the ground upon which it is based. We no longer look upon our course as an experiment:—it is now a *fixed fact*, and the large class of last winter, and the still larger one of this, are the strongest proofs which can be adduced in proof of the assertion. We are not surprised at this result, for we felt fully assured that young men desiring to enter

the profession, would give positive proof of their estimation of a Faculty who would do so much, solely for their benefit, and the elevation of medical science. Not another school in the Union,—not being a State institution;—has dared to require so high preliminary acquirements, as has this; and as a matter of course, our classes must command a greater amount of intelligence, in proportion to their number, than any other.

Gentlemen, we are here assembled from various portions of the civilized world, and the object of our meeting is to teach and to be taught. The Professors will endeavor faithfully to teach you the best known methods of preventing, curing, and alleviating disease. It is no trifling or irresponsible task, to direct the undisciplined mind in the use of those materials which, in their hands tend to the restoration of health or to the destruction of life. We willingly assume this responsibility, and if you will give us your undivided and faithful attention, we will in our respective departments, present to you the solid principles of our profession, upon which you may rear a superstructure, more lasting than brass, and more valuable than gold. The mass may court the golden Goddess, and at her shrine exhaust all their devotion, but it will be our employment, and chief delight to offer our sacrifice and adoration in the temple of Science. This temple is always open, and the richest jewels afforded by earth, decorate her whole interior, and all who enter may receive a rich reward. It will be our object to direct your footsteps as you enter her sacred walls, and it will be yours to improve all the advantages presented.

You will find the Faculty faithful in the discharge of their duties, and in the language of Dr. Good, their “sole object will be to communicate information so far as they may be able; to exhaust nothing, but to touch upon many things; to give a desire for learning, rather than to consummate the learning that may be desirable; to run over the vast volume, not in its separate pages, but in its table of contents, so that hereafter we may be the better prepared for studying it more minutely, and for feeling in some measure at home upon the various subjects it presents to us.” “Yet, after all,” he adds, “lectures alone can do but little, whatever the energy or perspicuity with which they may be delivered. They may, perhaps, awaken a latent propensity, or enkindle a transient inclination; but unless the new-born flame be fed and fostered, unless it be nourished by study, as well as excited by hearing, it will perish as soon as lighted up; or, if it continue, will only blaze forth in a foppery of knowledge far more contemptible than the grossest ignorance.”

Let us, then, gentlemen, enter upon our respective duties in a spirit of co-operation, and if you will do this, you may feel confident of reaping a rich harvest for the privations and labor incident upon attendance on a course of lectures.

We live in an age of activity—of increased and increasing activity—and the indolent can no more keep up with the rapid strides being made in every department of human knowledge. Every thing now, is pushed forward with the power of steam and with the velocity of lightning. The science of medicine is not behind any other department of human learning, and upon the laborers in this extended field, the sun never sets. For as soon as one class becomes weary and retires to rest, others rise up to carry on the work; and so, without intermission, one contin-

uous effort is being made to improve that which is defective, and to add new material to the vast resources already on hand. You must work, gentlemen, if you would keep up with this moving mass of busy enquirers after scientific truth. To lose a day, is to be out-stripped almost beyond the possibility of recovery; and a few days lost will enrol you among the old fogies. Everything has to be examined *de novo*, and men are unwilling to receive anything as truth, merely because some great man has heretofore thus pronounced it. The most rigid criticism is brought to bear on every assumption, it matters not whence it originated: and no man stands so high in any department, as to screen either his premises or conclusions from the most scrutinizing analysis. The ancients received the declarations of their oracles without questioning their truth; but *now*, we must try the declarations of our oracles by a thousand tests, before will enrol them on the list of *established truth*. This is just as it should be,—and to “prove all things and hold fast to that which is good,” is as good a maxim now as it was when first uttered. The man who is satisfied with the mere *dictum magisterii*, is a mere appendage to the car of his lordship, to be drawn about at his will. Gentlemen, you are enquirers after *truth*,—seek it as you would hidden treasure, but believe nothing to be the pure article, until it shall have passed through the fiery furnace of the most rigid investigation.

You may be induced to infer that, the entire field of science has been explored, and that the precious jewels have all been appropriated by those who have preceded you. This is a very great mistake. As well may you suppose that the mighty depths of the ocean have been ploughed up, and that man has become familiar with all that is therein, which can enlighten his mind or fill his soul with profound reverence for Him, who has written upon the surface of the mighty deep, that the hand that formed it is Divine:—as well conclude that the mountains have been riddled, and that every precious thing which they contain, has been abstracted by man, and the chain of knowledge which they are capable of furnishing, has received its last link:—or leap madly and erroneously at once, to the absurd conclusion, that the animal, vegetable and mineral kingdoms have all been exhausted, and there remains nothing more by which man's stock of knowledge can be increased.

Alexander might conquer the world, and then sit down and cry like a baby because there was not another world in which triumphantly to lead into battle his invincible forces; but Gentlemen, you may save your tears; your work is not finished; the forces of this world are not yet mastered; and though we do not wish to discourage you, we would place a little check upon your youthful and perhaps sanguine anticipations, by saying, that, in all probability, you will never achieve a victory so complete, as to call for the shedding of tears, because you can find no more work to engage your time and talents. It is only necessary for you to take a glance at the vast field which lies before you, in order to be convinced that there is work enough, yet unfinished, to occupy the time of many succeeding generations, if, indeed, it can ever be completed. Of you, of the young men of this generation, it is expected that you will cast into the rich treasury of scientific knowledge a full proportion of the results of your labors. This expectation can only be met by the ambitious, the industrious and persevering.

Let us briefly notice some of the subjects which invite our attention,

both on account of their importance, as well as the unfinished state in which we find them.

Physiology, that most useful and pleasing science, has been cultivated with a zeal paramount to its importance, and has enlisted in its service talents not surpassed by the laborers in any other field. The success which has attended the investigations of Physiologists, is certainly most gratifying to the friends of this department of natural science. But after all that has been discovered, how much yet remains undeveloped, and still claims further investigation?

The Anatomist will demonstrate to you the wonderfully made organ which gives the first impulse to the blood, causing it to course its way along the innumerable canals that are formed to keep it within the appropriate limits; but can he give you an unexceptionable theory of the entire circulation? how the blood is propelled to its ultimate destination? how it gets into the capillary vessels, thence to the veins, and back again to the heart? I ask, can the Anatomist or Physiologist give you a theory of the action of this hydraulic apparatus, free from all mystery, and one that will be free from all objection? They will discourse upon the contractibility of the heart and arteries, of capillary attraction, *vis a tergo* power, nervous influence, vital action, etc., but do they thus clear up all the difficulties that are presented? and do they all agree, so that, *now*, we have no difficulties yet to be solved?

How little, comparatively, is yet known of cerebral anatomy and physiology, and yet how important it is that, as practitioners of medicine and surgery, we should be better instructed on the subject than we are. The furnace from which this microcosm—man—receives its heat, upon which its life depends, is still a controverted question, and at this advanced stage of our science, no one can present a theory of animal heat, which will be universally received.

Recently, learned, ingenious and scientific researches have been instituted in reference to the function of the ductless glands, the spleen, the thymus, thyroid and supra-renal bodies, but still, it cannot be dogmatically assumed, that our knowledge in this department is perfected, and therefore, further research would promise no reward to the investigator. Perhaps this prolific subject may yet compensate some bold adventurer, as richly, as did the discovery of the circulation of the blood, or the introduction of auscultation in diagnosis of diseases of the heart.

You will not, I trust, be prevented from entering into a full investigation of any subject, because the success of previous operators appears to have exhausted the theme. Their labors only make more accessible the way to new truths, many of which lie only a step beyond the point which they reached, but could not surpass, on account, perhaps, of the shortness of life or other contingencies which they could not control. The fore-runner only prepares the way for him who shall come after him, and stands as a beacon to direct others into the harbor of safety. Follow these lights, and learn, if you can, to avoid their errors, and to profit by their labors, the way then will be more easily traveled, and their experience will perhaps help you in your ascent to a higher point than ever attained by them.

We might thus present many other subjects under this head, which *are yet sub judice*;—matters yet requiring further investigation; the truth in reference to which, might greatly benefit us, not only as men

of science, but as practitioners of medicine and the various other departments of our profession.

Chemistry, that most invaluable science; valuable in almost every avocation of life, is still susceptible of great improvement, and perhaps in nothing, may more fame be acquired, than in this department. It is greatly to be regretted, that, medical students generally pay so little attention to it, during their attendance upon lectures, and while in the office of their preceptors. From the want of knowledge on this subject, how many sad mistakes, and how much mischief is done, it is impossible for any one to determine.

I would embrace this opportunity, Gentlemen, of pressing upon you the necessity of devoting equally as much time to this subject, as to any other one in the catalogue of your studies. Now is the time to become chemists, and if you neglect improving it, thinking that you will attend to it after graduating and entering into practice, the probability is, you will neglect it during the remainder of life. The strongest appeals are made to you on this very point. Your own reputation to a great extent depends upon your knowledge of chemistry, and your patient's safety is jeopardised by ignorance here. If your ambition leads you to seek distinction, no subject, perhaps, presents a more inviting field. Notwithstanding the great advance which this science has made, still there is much more to be done, and perhaps its greatest triumphs are yet to be achieved. You will often be consulted by your friends in reference to subjects which can only be explained through the aid of chemistry, and to be ignorant, when questioned, is to forfeit your pretensions, not only as a physician, but, as a man of ordinary scientific attainments. The most of men, in the various trades and professions, have more or less information upon this subject, and if they find that you are more ignorant than they are themselves, or some other Doctor with whom they have conversed, they will certainly pass you by when in search of medical advice, and they would have a very good reason for so doing. To sum up the matter then; I would say; your own interest and reputation, the well being of society, and the advance of our profession, will call loudly upon you to study well this important branch.

In connection with chemistry, I would next refer to the *Materia Medica*, as having very strong claims upon your attention. This department has been greatly enriched by the aids afforded by chemistry, and our list of medicinal agents has been more improved through this means than through any other. You can only hope to accomplish much in this branch of your profession, by being well versed in chemical science. An increase in the list of remedial agents is not so much to be desired, as is the concentration of their virtues into smaller volumes, and a knowledge of their real power in controlling disease. We have already too great a list of medicines, many of which possess little or no power, and many others, perhaps, greatly overrated. Much remains to be done, before we can hope to have a *Materia Medica*, which, will ever approximate that which is desirable. Young men are apt to think that this is a very dry and uninteresting subject, and that it affords no field for a display of talent, and no rewards to him who cultivates it. This, Gentlemen, I look upon as a grand mistake. It is no honor to a man to understand well the material with which he operates?—to make valuable additions and improvements in those materials,

by which he is able to perform his work with more ease and greater certainty? would it not hand down the name of a man to posterity, as one of the greatest of benefactors. who should discover a certain means of curing tubercular phthisis?—of eradicating the serofulous diathesis? of certainly curing fever in twenty-four or forty-eight hours? etc., etc. From your medical materials you must discover these specifics if they are ever found. And why, I would ask, should this not be done? Things, as impossible have been discovered. Who, before the time of Jenner, ever dreamed of the possibility of finding a prevention of that most loathsome of all diseases, the small-pox. Until very recently, had it ever entered any man's head that the Surgeon would be able to amputate an arm or a leg, whilst the man was enjoying, free from pain, a comfortable nap? Now, here perhaps, we have the two extremes of all that has been achieved by the mighty power of our profession; and will you not be stimulated to make an effort to furnish, at least one other additional improvement to the already very extensive list of achievements, by which the world is incalculably blessed, through the labors of the most self-sacrificing and noble fraternity that ever operated for the good of their fellow creatures?

Let us look for a moment at practical medicine, which is the application of our knowledge of all the other departments of our science; and I am sure we will be surprised to find, how far short it falls of our expectations and of our ardent wishes. How minute, how definite and connected, are anatomy, physiology and chemistry, those fundamental bases of our profession. In vain do we look for such precision and definiteness in the practice, when we bring our principles to bear upon disease. This is humiliating, but, it is not discouraging, for in spite of all insurmountable obstacles, progress of the most flattering character, is found to attend the researches of those who labor faithfully in this inviting field. Our present mode of interrogating nature in order to reach a rational diagnosis, is so superior to that of a hundred or even fifty years ago, that we can truthfully affirm, great improvement has been made, and immense advantages have been gained; and through this single medium, mankind has been greatly blessed, and the power of our science greatly increased. But even in this, there remains still much, very much, yet to be developed, before we will be able to diagnose every disease, so as to remove all doubt in reference to the correctness of our judgement. Practice in any case, without proper knowledge of the functional and structural disturbances present, must, from the very nature of the case, be founded on empiricism; and thus is always hazardous, even in the hands of the scientific, but how much more so, when resorted to by the ignorant and daring pretender. You may falsely imagine, Gentlemen, that by experience you may learn to detect disease, and rightly to direct your practice. Before you suffer your minds to embrace such an absurdity, remember that medical experience is not seeing or treating a great number of cases. "Without principles deduced from analytical reasoning, experience is a useless and blind guide." You may be always looking at disease, without ever deriving therefrom any profitable experience. If the practice of medicine is to be learned in this way, why do we blanch our cheeks in trimming the midnight lamp, while pouring over massive volumes, in which are contained the collected wisdom of centuries past;—why seclude ourselves from society and its fascinating rounds of pleasure, to encounter

the horrors of the dissecting-room, for the purpose of becoming familiar with the machine, with which we are to operate and whose departures from a normal condition, we are to correct;—why willingly visit the pest-house, whose very atmosphere is loaded with the seeds of death—or why, with the undaunted courage of a Cæsar, should we follow in its march, the sweeping and deadly epidemic, for the purpose of putting our knowledge to the test of experience, if the wisdom acquired at the expence of so much patient toil and unselfish devotion, is of no account—availeth not—is a mere work of supererogation? The experience which you should seek, is founded on the correct observation of symptoms, the generalization of the facts observed, and the storing up in the memory, both the observations and conclusions.

Let me ask you, Gentlemen, if there are no improvements yet possible in the practice of our art? Have we a cure for every disease? or have we a specific for any one disease? If, in reference to this matter, it may be truly said, “so for hast thou gone, and no farther canst thou go,” then is our condition a most deplorable one. But, I exultingly declare, that, this is not true, and I predicate my assertion upon what has been done and upon the deathless devotion, to man's best earthly interest, which is manifested in the labors of those who are the guardians of the health and life of their fellow men. Almost every day, some new practical truth, in the treatment of disease, is discovered, and diseases heretofore intractable, are no longer allowed to run their wonted course, either to resolution or to death.

Much yet must be ascertained in reference to the *modus operandi* of medicine;—how it controls morbid action and thus enables the various organs to resume their healthy functions. There is not in the whole round of medical investigation, a subject more densely enveloped in uncertainty, and of more real worth to the medical man, than the subject of the action of medicine on the human system. If all obscurity here could be dismissed, a brighter day would open upon our science, than was that day when the mighty King of all the material light of this vast universe, first poured forth his cheering rays on our dark earth.

I have not time to go farther in detail, and my object is only to open to your view the truth, that, there is much yet to be done in order to perfect our science, and to incite you to investigation, that you may prove yourselves valuable accessions to our ranks, and the true benefactors of our race, which has ever been calling, in its sufferings from disease, for relief, which no other portion of the human family can ever furnish. Listen, Gentlemen, to this appeal, and conduct yourselves accordingly.

We have not time to pursue this elucidation of the point before us to any greater length. Surgery, Pathology, physical diagnosis, etc., are all equally as susceptible of improvement, as is either of the foregoing subjects, and present fields not less inviting, and rewards not less valuable.

My object, Gentlemen, in thus calling your attention, in a very brief way, to some of the subjects which invite your special attention, and which promise a rich reward to the faithful student, is, to stir up within you a laudable ambition to do something more for medicine, than merely to live by following it as a profession. We have met Gentlemen, for the purpose of prosecuting a most noble and interesting sci-

ence, by which we may become acquainted with the means which a gracious Providence has supplied for the prevention, cure and alleviation of the ills to which humanity is liable. The work is arduous, but the pleasure afforded in acquiring knowledge and intellectual power, will richly compensate you for every sacrifice which you may be called upon to make. Your investigations as medical men, must necessarily be extensive, if you aspire to eminence, for medicine levies her contributions from every branch of knowledge, and it is our business to classify and arrange this knowledge, so as to make of it an exhaustless fountain of richest blessing; to be expended for the good of our fellow men. Medicine is founded on science, and its end and aim,—the good of man. Dr. Watson very justly observes, that, “the profession of medicine, having for its end the common good of mankind, knows nothing of national enmities, of political strife, of sectarian dissensions. Disease and pain the sole conditions of its ministry, it is disquieted by no misgivings concerning the justice and honesty of its clients cause; but dispenses its peculiar benefits, without stint or scruple, to men of every country, and party, and rank, and religion, and to men of no religion at all. And like the quality of mercy, of which it is the favorite handmaid, “it blesseth him that gives and him that takes;” reading continually to our own hearts and understandings the most impressive lessons, the most solemn warnings.” Physicians, more frequently than any other class of men, are called to witness the weakness and depravity of human nature, and must learn to sympathize with the sufferer and to throw the mantle of charity over his faults. You must weep with those who weep, and rejoice with those who rejoice. Man must be studied as a compound being, composed of a physical, moral and intellectual nature; and in this way only, can you ever hope to be prepared to treat the various forms of disease to which he is subject.

I do hope, Gentlemen, that you will not enter upon the practice of so responsible a profession, without making adequate preparation; and that you will remember, it is fraught with incalculable good when properly used, and as full of danger, both to yourselves and society, when in the hands of the ignorant. You must not allow its responsibilities or its dangers to intimidate you in its prosecution, but rather should they serve to kindle within your hearts a more manly determination to prepare yourselves well, for the conflict in which you are soon to be engaged.

“The great improvements going on in our profession, seem to point us to better and happier days, therefore, Gentlemen, let me say to you, be not discouraged, the eagle of freedom may yet perch upon your banner, and introduce you to an age, if not freed from disease, may nevertheless defy its ravages, on account of the reliable antidote, with which you may, with unerring certainty, neutralize its deadly venom and set the captive free. Labor on and labor, ever; and from your first entrance into practice, contest every inch of the territory of life against disease and death, and should you fail to accomplish the highest object of your ambition, so act, as to be buoyed up in the last struggle of expiring nature, with the consoling reflection, that you had, to the very best of your ability and means, discharged faithfully your duty.”

BROWN TOWNSHIP, Ripley Co. Indiana, Nov. 20, 1860.

DR. A. H. BAKER,—DEAR SIR: Believing it to be a duty owed to the cause of humanity by all Physicians, to make known the methods of cure resorted to in difficult cases, I would report the following for your excellent Journal, as a case of decided interest.

I was called on the 24th of March, 1858, to a boy named Milton Biggs aged sixteen years, attacked by acute Pleuritis of the right side, on the 2nd of Jan. 1858, as reported by the Mother, and attended by Dr. D—— of Dillsborough, Ja. I was unable to learn the treatment pursued, but suppose the plan adopted not to have been sufficiently active.

The boy, when visited by myself, was truly a pitiable object, given over indeed to death by his former attendant. Pleuritic effusion had evidently taken place to such an extent, that the right side of the chest was greatly enlarged, the intercostal muscles distended, and pushed out to a considerable degree. The right lung seemed to be solidified through its whole extent. The boy was much emaciated. Features very sharp. Cadaverous appearance. Rough skin. Eye unnaturally bright. Hectic fever from about 4 o'clock P. M. until 10, then colligative sweats. Pulse very quick and wiry, running one hundred and twenty per minute. Dyspnœa considerable. Cough severe. Bowels irregular. Digestion greatly impaired. In fact the symptoms assumed the worst character, It was evident to me that an absorption of effused pus was giving rise to many of the appearances.

My mind was at once made up, and expressed, that the only hope of the boy's restoration to any thing like health, lay in resorting to the operation of Paracentesis thoracis, for the relief of the Empyematus condition. The friends of the youth, together with himself, urged upon me the undertaking of this operation.

At their request, Dr. Anderson, an intelligent physician and Surgeon, was invited to be present at the operation. Accordingly after prescribing the best expectorant I could think of, left the patient awaiting the convenience of Dr. Anderson. It was not until the 27th that his presence could be obtained. At that time the symptoms were considerably mitigated in severity; the expectorant and a mild purgative that I had ordered, having operated kindly. Dr. Anderson, upon his arrival, coincided with me in my views of the case. I then tendered him the opportunity of using the instruments, but he declined, urging upon myself the proper Surgical duty. I immediately passed an exploring needle, between the fourth and fifth ribs, directly below, and to the left of the mamillary gland. Upon withdrawing the instrument, a drop of pus confirmed our views of the case, and I without delay passed a bistoury to the depth of one and a half inches, and making one in length, taking care to avoid the intercostal nerve and artery. As the instrument was withdrawn the aperture gave vent to a gush of pus with a strong ammoniacal odor, and closed. Dr. Anderson then passed the cannula which discharged half a gallon of pus very quickly. The constitutional effect was very great. The boy became deadly pale; cold perspiration stood upon his face; intense sickness of stomach came on and accordingly we at once desisted from further operations, appropriately securing the wound.

The boy soon rallied, and expressed a sense of great relief. The following was then ordered.

R. Quinac Sulph. grs. 20.
 Acid Sulph. dil. gtt. 20
 Aque, ʒi.

Solution made and ʒj given every four hours. Also Sptā. Mind:ʒij sweetened by ʒj comp. sir. scillœ. One teaspoonful every three hours. Dovers powder at bed time grs. iij, and in the morning Oleum Ricini. I did not see the boy again until the second day after the operation, at which time I took off the bandages and adhesive strips, inserted the cannula and placing over it a slightly exhausted cap drew forth eight oz. of pure pus. Symptoms all better. Left lung sound, the right still solidified. Expectoration easy. Little cough. Slight perspiration. Soft pulse, by no means frequent. Digestive organs unimproved. Similar treatment continued. On the next day, I found him sitting up, cheerful, almost free from pain, and with a natural expression of countenance. There was no fever present, tongue clean and appetite good. The same method of drawing forth pus was again employed, and with corresponding results. The medical treatment as before with the addition of cod liver oil and brandy in small doses at three hours intervals. This whole treatment we pursued for twenty-five days, using the bistoury several times to reopen the wound. By this time the boy was so far recovered as to leave for Illinois, where he now resides in excellent health. I have lately received by letter the announcement of continued convalescence.

Yours truly,

JOHN W. GORDON.

ROCKFORD Ill., Nov. 15, 1860.

In the October number of your Journal the question is asked, "Can a woman remain ignorant of her pregnancy up to the time of her delivery?" and as the converse of this inquiry I would ask, can a woman arrive at what *she* thinks is her full term of gestation and *not* be pregnant? I will report two cases, touching this question.

Case 1st. Mrs. D—, married about nine years ago. A little more than two years after she thought she was pregnant for the first time. The first of June 1853 her husband consulted me for a *slight* flowing his wife had, she being, as they thought, three months pregnant, stating also that she had flowed each month *a little*. I prescribed and in a few days I met him and he said "it was all right." The first of July I visited her for a flowing, as she feared she might miscarry if it was left to go on. She then said she expected to be sick as soon as the first of December, and that she was certain she had felt motion within a week. She said her breasts were larger, and harder, and I must say I thought her *countenance* indicated pregnancy. I heard nothing more of the case except about three months after July, when in reply to my inquiry about his wife her husband said, "she continues to flow *a little* every month." Along in the month of January 1854, the friends and neighboring women would often ask me. "Isn't it strange that Mrs. D—, goes so long." I generally quieted them by saying that probably she *had made a wrong calculation*. About the middle of February, full *two and a half* months after she expected her confinement, her husband *came to my office*, to say that his wife had become quite anxious about *her situation* and she wished me to visit her. I called, and she said her

husband was anxious about her condition and wanted I should call and see her. From her appearance while walking across the floor, had I known nothing of her situation, I should have judged her to be seven or eight months pregnant. In answer to my inquiries she said she had flowed a *little* every month since she became pregnant, that she was not then so large as she was two or three months before; that the breasts were large and hard: that she *knew* she had felt motion for more than six months, but that it had been less for two months than through October and November, and for two weeks had felt but very little. I examined the abdomen, (though not per Vaginum) and listened for a fetal heart, but could not detect it. I then told the *expectant parents* that I did not think she was pregnant, *certainly not four months*. They were greatly surprised, but time proved the correctness of my diagnosis. She gradually showed less embonpoint, for about three months from this time, when she was as slim as at marriage. She enjoyed as good health through her *supposed* pregnancy, as the average of women do through their *real* pregnancies. Mrs. D—, is a woman of fair intellect and unblemished character, and could have had no motive for pretending to be different from what she was. She had all her "Baby clothes" made before the first of December, and I do not hesitate to say that I verily believe she considered herself really and truly pregnant as she had told me and the friends and neighbors. About two years after she really became pregnant, and at full time was delivered, and has since given birth to her second child.

Case 2d. In the month of Sept. 1856, Mrs. R—, called to see if I thought her pregnant. She had been married about six or seven months. Previous to this marriage she had been a widow about four years, and had given birth to five children. At this time (Sept.) she thought herself pregnant five or six months, but felt differently from her former pregnancies. I requested a vial of urine for examination. I used the test given by Bird, and seeing her a few days after, gave it as my opinion that she was *not* pregnant. Mrs. R—, lived eight or ten miles in the country and I did not see her again till the first week in Sept. 1857, when I was called to deliver her of a child. While waiting on her at this visit she told me that at the time I told her she was not *enciente* she began to feel motion, and expected to have been confined about the first of January; that she had all her "baby linen" etc., prepared; and looked forward to the time as confidently as she ever had; and that the breasts enlarged and felt as they had at her former pregnancies; that she was confident of feeling motion as positively, though not as violently as before; and that on the night of the first of January she sent for me to deliver her, I was absent from the city a few days, and an eclectic was taken. He staid some time and left, as the pains were not very severe, to be sent for when labor came on vigorously; which was *just eight months after*, when I delivered her of a girl. After this Eclectic left she had no more labor pains, and in a few days was about the house again. Her health was rather poorly the whole eight months from January to her confinement, though she did most of the house work, as the wife of a small farmer. At her confinement I observed nothing unusual, except an enormous abdomen, and when the membranes broke I found they contained *two or three times the usual quantity of water*. The child was, I think, a *nine months child*. The woman has been very corpulent and has

since been confined, without any mis-calculation. I doubt not Mrs. R—, was sincere and honest in her expectations of being confined on the first of January, when she was really but one month advanced in gestation. How do you account for these mistakes?

J. BLOUNT, M. D.

MUTUAL, Champaign Co., Ohio.

PROF. A. H. BAKER—DEAR SIR: As there is a good deal of discussion about Diphtheria and a variety of opinions as to the nature of the disease and its treatment, I have concluded to give you my experience in the disease and the course I have pursued in its treatment. I have treated about seventy cases. Each case was characterized by either a pearly white or yellowish white exudation upon the tonsils, extending in some cases up over *vellum pendulum pallati*. In the majority of cases the disease was ushered in with fever and more or less pain in the head, and to use the language of the patient, "aching of the bones." In no one of the cases has there been any eruption upon the skin characteristic of scarlatina, nor do I consider it a variety of that disease, from the fact that it is not characterized by the eruption upon the skin which is present in scarlatina. In no case of scarlatina that I have ever attended has there been any tendency to the formation of a false membrane in the throat extending to the trachea. But in Diphtheria it is very common, and some physicians go so far as to say that they have discovered this membrane in the vagina. If any physician has met with this membrane in that situation in genuine scarlet fever I am not aware of the fact.

Another point of difference between scarlatina and diphtheria is the contagiousness in the former. I never considered diphtheria contagious in the slightest degree. I consider it an epidemic disease without contagious properties, and in this I am fully satisfied by observation. Families within my range of practice who were free from the disease did not go where they had the disease, and in some cases they were the next that were attacked by it, and in quite a number of families one member would be attacked and all the rest escape. The method of treatment that I have found most efficient in the cure of the disease is a vigorous constitutional one. I have more confidence in that kind of treatment than any other as the disease itself is a constitutional one. In the cases that I have had the remedies that have succeeded the best were Quinine, Iron and chlorate of potash. I have been in the habit of commencing with the quinine and chlorate of potash at the very onset of the disease without any regard to the fever. I generally wait a day or two before commencing the use of the iron, then I combine the iron and quinine as follows, Chlorate tinct. iron ʒss, quinine ʒi, of this the dose for an adult is ten drops every four or six hours. As for local applications. I have used a variety of them. I have used the nitrate of silver in but a few cases. My prescription has been the sulphate of zinc or copper, a drachm to the ounce of rain water, this I use by means of a probang every four or five hours. As for external applications a slice of salt bacon is about as good as any thing else. But if there is much sloughing of the glands of the neck, an ointment of iodine is preferable to the bacon. The above is the course that I

have pursued and in the seventy cases that I have treated I have not lost but two, and in one of them the disease was beyond the reach of medicine before I was called.

Yours respectfully.

H. C. PEARCE.

For the Medical and Surgical New.

Diphtheria.

IRELAND, IND., Nov. 26th, 1860.

PROF. BAKER—SIR: having read a discussion in your Journal, that took place in the Academy of Medicine, Cincinnati, on Diphtheria. I beg leave to present to your readers the result of my experience in that disease. Diphtheria first assumed an epidemic form here last winter, and prevailed through the spring, abated with an occasional case through the summer, and has reappeared this fall. Previous to this I have seen sporadic cases in the fall and spring in neighborhoods where Erysipelas prevailed, and from the dark purple appearance of the inflamed surfaces of the parts affected, together with a similarity of the general symptoms, I supposed it, if not the same disease, at least very similar in its nature.

I was called about four years ago this fall to see a young man of 18 years of age, affected with all the symptoms of diphtheria. I applied caustic to his throat freely, which gave immediate relief. The next day I found my patient affected with Erysipelas of the face; the face swollen so that the eyes were closed. The patient soon recovered under the use of calomel and quinine.

Treatment. In cases of considerable arterial excitement I give a full dose of calomel and jalap, afterwards small doses of calomel every three or four hours, and move the bowels if necessary every twenty-four hours with Oil or, Oil and Turpentine. To reduce the arterial excitement the Tr. Veratrum Virid. is given until an Intermission or Remission ensues. Then large doses of quinine, to be substituted, and the veratrum given again should the fever rise. In all cases not attended with fever I believe quinine to be *the remedy*.

Local Treatment.—I use a concentrated solution of Argent Nitras, applied to the throat with a probang in all bad cases; afterwards swab the throat with a pepper wash—say, vinegar 3ij, common salt one teaspoonful, capsicum two teaspoonfulls. The salt and pepper wash repeated three or four times a day.

The above treatment has been uniformly successfully in my hands, and I feel warranted in recommending it to others.

E. A. GLEZEN.

Discussion in the Academy of Medicine upon Blood-letting in Intermittent Fever.

REPORTED BY J. A. THACKER, M. D.

MONDAY EVENING, Nov. 5th, 1860.

The subject of bleeding in *intermittent fever* was brought before the Academy by Dr. S. O. Almy. The position taken by the Doctor was that *bleeding in the "hot stage"* would cut short the paroxysm; in

most cases bringing on the "sweating stage" in a short time after the flow of blood was arrested, and, in nearly all cases, if not quite all, preventing any recurrence of the disease.

This plan of treatment he had adopted in 1820, soon after entering the profession. At that time there was in the part of New York, where he was then engaged in the practice of medicine, a large amount of intermittent. As is usual with this disease, many of the cases, after the paroxysm had been broken up by the usual remedies would relapse, and, indeed, it not unfrequently seemed impossible to perform a permanent cure. Although he had imbibed from his preceptor, while a student, very strong prejudice against venesection, yet, noticing the tendency in the disease to congestion of important organs, he ventured upon employing it, and the results were most gratifying. Indeed so satisfactory was the treatment, that in spite of the great opposition to it he received from physicians, medical societies, and newspapers, he continued to use it, and he must say, that his experience with it from that period until the present time has led him to firmly believe, that, in all cases, where the usual medicines have failed it is *the remedy*. Even in subjects in which there was considerable anemia and constitutional debility from long continuance of the disease, if tonics, and alteratives had been fairly tried without success, he did not think he would hesitate to use it.

Dr. A. in illustration of his position read a report of two cases that were treated by him after many returns of the disease. In both cases he bled freely with the happiest result, after which he completed the case with quinine and alteratives, several years has now elapsed and there has been no return of the disease. [We endeavored to procure the D's report of these cases, but he having mislaid the papers, we were unable to do so. Reporter.]

Prof. Baker followed Dr. Almy in some remarks. His experience he said was corroborative of the statements of Dr. Almy, that bleeding in the "hot stages" of intermittent tended to shorten the paroxysm very much, and, by relieving the congestion of important organs, prevent future relapses. He related several cases in which he employed the remedy as described, with great advantage; one was the case of a young man wherein he opened the temporal artery—there being great determination of blood to the head, and that vessel being distended to the size of a quill. The paroxysm was almost immediately cut short, and, by the subsequent administration of tonics and alteratives a permanent cure was effected.

He also said that he thought no inconsiderable amount of benefit was derived from blood-letting in this disease from the shock it produced upon the nervous system.

Dr. J. B. Smith said that although he had no doubt of the propriety of venesection in any individual case that Dr. Almy thought it was necessary, yet he would have to dissent from his views in considering it a remedial agent that was generally applicable in intermittents. He thought that the present state of the advanced knowledge of the pathology of the disease was averse to such theory; the tendency of blood-letting was to produce precisely the same results as the disease itself, *namely, to impoverish the blood and diminish the vital powers.*

When he was house physician to the Commercial Hospital of this city, the treatment of one of the visiting physicians of the institution,

of the cases of intermittent, of which they had a great many, was to bleed them freely, and he was free to say that injury instead of benefit was the result.

Dr. Mendenhall coincided mainly in the views of Dr. Smith. He thought that although benefit might be derived from blood-letting in some cases of intermittent, from its relieving congestion of important organs, yet he did not think it generally applicable as a remedy.

Dr. John Davis stated that he had witnessed decided benefit derived from bleeding in both the cold and hot stage, and he had no doubt that in many cases it tended much to properly prepare the system for the administration of anti-periodics. At the time Dr. Smith was house physician to the Commercial Hospital, he was also engaged there in the same capacity, and he was very positive that benefit resulted from the use of the remedy, in many cases he attended upon.

Dr. McIlvaine, in allusion to the progress of medicine—the advancement of our knowledge of pathology, said that nothing more was known of this disease, than there was in the days of Hippocrates. This distinguished physician of antiquity described it, as also did Galen and others, and what subsequent authors have said concerning it, has been but a repetition of the views of these fathers of medicine, and publishing other men's thoughts in the form of books, he did not consider, was adding anything to the profession.

The present Dean of the Medical College of Ohio, in one of his strongest communications against the unnatural and unholy alliance, existing between the College and Commercial Hospital, in answer to his now present colleague, but then opposer, Dr. James Graham, introduced his remarks as follows: "*The same old song*," So then, Mr. President, said he, I think I may adopt this language on the present occasion. "*The same old song*," as we have nothing new in the pathology and treatment in this form of disease, but only in the manner of using the remedies.

In regard to the different localities in which it is found, he said, that in this country it prevailed in the north east in latitude as high as 44°, and in the north west, as high as 49°. In Ohio it is found not only on the banks of the Auglaise, big, and little, and the Blanchard, and other tributaries of the Maumee, but also in the eastern and north eastern part of the State—on the banks of the Mehican and its tributaries. It has been found on the Muskingum, on the Miamis as well as the Scioto.

In regard to the treatment, he said, that bleeding both in the hot stage, and in the cold stage had their advantages, and both parties had a fair record. When we come to analyze the various opinions of the practitioners that have seen the most of it, whether from want of accurate observation, or from following in the traditions of the past, all that we can obtain from them is that the cause is *malaria*, which simply means nothing. It has existed from time immemorial, having existed in the days of ancient Greece and Rome, and is still found in the Italian territory. It is also found in Algiers, and to this day it exists in Palestine on the banks of the sea of Galilee and the Jordan; and it is probably the same form of fever of which our Savior healed Peter's wife's mother; for it is said she arose forthwith and ministered unto them.

Discussion in the Academy of Medicine Continued.

MONDAY EVENING, November 12.

This evening the subject of *bleeding* in Intermittent Fever was again before the Academy. *Dr. Carroll observed that he did not think that blood-letting was often useful during the cold stage of ague; but had seen cases where the pulse was vibrating and tense during the chill that were much benefitted by the loss of blood, and said that he himself had been frequently much benefited by this course. He had often observed cases which had been greatly benefited by blood letting during the hot stage. These cases were accompanied with violent reaction, with headache, pain in the back, etc. He recollected at least two cases in which profound coma followed the cold stages, with hard and full pulse that were immediately relieved of this symptom by the loss of a considerable amount of blood, and that too before the bleeding ceased.

Cases of this kind, he said, more frequently occurred during the first settling of the *Western country* than now, for where extensive forests were deadened or cut off so that the sun was let in, and had full play on surfaces that had been long protected from his rays, the exhalations, especially in low and wet situations, were of a kind that easily produced remitting and intermitting fevers of a severe kind. The construction of Mill-dams aided very much in producing these fevers. He said, that he had in his younger life seen tracts of country in north eastern Ohio, where these fevers had been unknown until after the foregoing causes had been put in force. Impenetrable shades seem often to be a barrier against these diseases.

He asked the members of the Academy if any of them had observed the peculiar characteristics of typhoid fever in low forms of remitting fever. He said he had during his residence in Indiana seen cases where there was abdominal fullness accompanying this fever in its latter stages; and he had known both then and since cases of a low remitting type, in which hemorrhage of the bowels had occurred, that indicated to him that the elliptical plates were ulcerated; and he said that Professor Gross had informed him that he had discovered by dissection after death, in subjects who had died of remitting fever, ulcerated elliptical plates, and other appearances which generally belong to typhoid fever. He said, "these facts must be of much importance in the treatment of this disease, as they point the necessity of great caution in the treatment, of low forms of this malady."

He stated that in some parts of Eastern Ohio, premitting and intermitting fevers are nearly unknown, unless in the deep ravines. This is especially the case in that part of the country lying on and east of the dividing ridge between the waters of the Ohio and Muskingum rivers—here there were no swamp lands, and all the streams had a rapid current. He had known cases occur in that region, in persons, who had visited malarial localities, and that they took place within a few weeks or months of the time of exposure. For instance, if an individual made his visit during the autumn, he would not be affected until the ensuing March. He also said that most of Eastern Pennsylvania and of Western Virginia, were equally exempt from these affections with that part of Ohio mentioned. He said those parts of Pennsyl-

*The remarks of Dr. Carroll and Dr. Thornton were furnished in writing by these gentlemen, as the Reporter did not hear them.

vania lying in the North Western corner of the State, were, he supposed occasionally visited by these fevers, owing to the lowness, or flatness of the country. He knew that the approximate part of Ohio lying in the Western Reserve, and for a short distance south, from here, the country was often flat and the head waters of the creeks were apt to have slow currents.

He said that after living in Indiana, he settled on account of his health, in that part of Ohio which he had just mentioned; and found that the fevers most common there, were those of the continued and typhoid types; and said that they lasted from two weeks to three months. It was, he said, common many years ago, and he feared in some places now, to call these fevers bilious; but that he had early seen that this was not the case. Owing to these opinions which physicians often had, attempts were made to break them, as they called it, as soon as possible, without knowing that this was in a great measure impossible. It was, to his knowledge, common to purge, and if hemorrhage of the bowels occurred to purge still, not considering, or knowing, that this hemorrhage was caused by ulcerations in the line of the alimentary canal, yet they purged, though a most fatal course. He said that if he had ever been useful as a physician, it was in opposing this practice; and in insisting on a method of treatment calculated to relieve local symptoms rather than to attempt to cut short the disease.

Dr. Carroll brought up the question of *locality*, upon which remarks were made by several gentlemen—the note of which is lost—some however, took the position that it knew no bounds, appearing in the valleys and upon the mountain top;—others thought it was entirely unknown in certain countries and localities.

Dr. W. P. Thornton said that his observation and experience had satisfied him that a luxuriant vegetation had nothing to do with the production of intermittent fever, and that he did not believe in the doctrine of miasma produced by vegetable decomposition. He had not met with or heard of the disease in the valley of the Nile, which produced the most abundant and luxuriant vegetation in the world. In Syria he had not met with a single case on the high and dry ridges, but in the narrow streets of Tiberias, on the little sea of Galilee, near the site of the ancient Capernium where there is no drainage, he met with many cases of regular intermittent fever. In Nabulus near ancient Samaria, and even in Jerusalem he saw many cases. In these cities the streets are but another name for gutters filled with impure and stagnant water.

He said he was satisfied for the production of intermittent fever, just two things were necessary, viz. stagnant water, and a hot sun. The State of Ohio now produces a much more abundant vegetation than forty years ago, but intermittents were every year becoming much less frequent, and to cause their complete disappearance we only wanted a first rate system of drainage.

Dr. Comegys, thinks that it is confined to a certain range,—that mud water and a hot sun is not necessary to the propagation of the disease, knows of no cases occurring in the centre of the city, unless it was some imported case; he has known many such; no sporadic cases only in low wet places.

Dr. W. P. Thornton thinks the reason we have but little here is because the mud and water is removed early by our system of drainage and cleaning.

Prof. R. Spencer repudiated the theory of malaria, and said he believed that form of disease depended upon the character of the soil, and the consequent range of the thermometer. He had observed that the sand or sand and gravel soils were more obnoxious to bilious affections than clay lands. He had placed a thermometer in the hands of an intelligent farmer who lived on an undulating plain of dry sand, but who had, nevertheless, suffered much, in family and person, with ague; he was requested to make its range at sun rise and sun set; this he did with great fidelity, as he believed, for some weeks, commencing in August and running far into September. The farmer reported and Dr. S—, was astonished at the great range of the mercury, 40° and 45° were common in the morning figures, and 90° to 95° as common in the evening. The farmer accompanied his report with some remarks, so unique, that he requested permission to report them. He said, "his boys could not go barefooted to the pasture in the evening, with the horses, *because the sand was so hot*, and they could not go after them in morning without shoes, *because the sand was so cold*."

During the time these observations were being made on sandy soil, Prof. Spencer said he had like observations made on clay soil; when it was found that the mercury stood at 60° to 65° in the morning and 80° to 85° in the evening. These observations, he said, cleared up the malarious theory in his mind.

Dr. James Webb would oppose that theory, his uncle had built a house upon a hill where there was no sand, nothing but clay, and there also they have had genuine Intermittent fever.

Dr. Richardson thinks it does not depend upon stagnant water, and has treated cases in the centre of the city. He is satisfied Dr. Carroll is mistaken in regard to localities. If the disease depends on stagnant water, etc.,—we should have it in hot weather only; why is it that we have in certain localities, the regular well marked case and none such in the centre of the city?

Dr. Mollvaine observed that locality had no effect in producing this disease, he had experienced in this own person; and from making enquiry and comparison with others, he found his case not to be an isolated one. He had learned from those who had served as physicians to ships, and from passengers, that had crossed the Atlantic, who had formerly been the subjects of intermittent fever, that the moment they were taken sea sick the train of symptoms would return, and continue during the voyage or even longer. Two cases of this kind, he had met himself in August, 1859, and learned it from their own mouths; one of them observed that his old friend of the prairie had visited him that morning, and he expected would be his concomitant until he returned to New York.

The Doctor said he could not assent to all that had been said by those who preceded him, as to the cause of the disease—medical science has not yet demonstrated it. It is therefore an open question, and we must keep on observing, and studying till we acquire that desirable end; he was a believer in the philosophy of the nineteenth century, which teaches that *we only know what is*.

It has been shown here to-night, that it prevails in the valleys and upon the hills—on clay formations, as well as sand—remote from the rivers as well as on their margins. It has been stated by gentlemen here, that the venerable Dr. Drake, had found a point where it ceased,

but he was dependent for this information on persons who were by no means as intelligent as he was himself—they had not been accustomed to that close observation to which he had trained himself. I am second to no one in this community in my reverence and admiration of my old preceptor, Daniel Drake. I would not even yield to our friend Dr. Dodge, now present, who labored for years with Dr. Drake, and others of us, to break up that unjust monopoly, and unholy alliance, that exists between the Medical College of Ohio, and the Commercial Hospital. I say notwithstanding all my devotion and respect for the late Professor, that portion of his work, which depended not upon himself, but on the observations of others, and who were loose observers at that, I must be pardoned for receiving with caution.

He said he would remark in respect to the treatment, that from his own experience here, and from his observations elsewhere, not only in the hot stage, but in many instances in the cold stage, depletion was indicated, either general or local. Here he gave instances in the vicinity of this city that he had treated, producing a radical cure.

The Dr. observed, "Mr. President, I do not wish to be understood as relying wholly upon this, as the only remedial agent—but only as an ally. If constipation existed, a circumstance almost universally present in my experience, it is, of course removed. After that, tonics were resorted to, and continued even to a period, beyond what is usually recommended."

In relation to constipation, he would remark, that that symptom was not peculiar to this latitude; he had also observed it in the Charity Hospital, Paris. There it was invariably present.

In that institution in 1858, there was an unusual number suffering with intermittent. Many of them had belonged to the army, and had been in Algiers, some in Rome, and consequently might be considered as chronic. In those cases, the treatment there was by evacuating the bowels by injections, then following up with quinine in large doses; and in the most stubborn cases, to deplete by cupping over the region of the spleen, which I never saw fail to produce a radical cure. Many of them after weeks and months would return, and report that, notwithstanding great exposure, they had never had any indication of its return. This is the treatment of the ward St. Ferdinand, in the Charity.

Treatment of Menorrhagia.

SIR,—Will any of your numerous readers inform me of the best treatment for immoderate flow of blood at the menstrual period? The disease I allude to is of very frequent occurrence, and gives rise to all the symptoms of anæmia. Theoretically one would suppose that small doses of ergot of rye during the flow, conjoined with rest and steel and quinine in the interval, would be of service; but I have found this treatment fail entirely in many cases, and I shall therefore feel most grateful for any hints on the best mode of checking a disposition on the part of the uterus to lose too much blood at the menstrual period, depending, I presume, partly on the state of the blood itself, and partly on atony of muscular fibre.

Your obedient servant,

OBSTETRICAL.

Lewes, Sussex, Sept. 1860

TREATMENT OF MENORRHAGIA

SIR,—If my experience in the treatment of the above will be of any service to your correspondent, "Obstetricus," who asks advice upon that point, he is quite welcome to it.

I have attended in my practice number of cases of the sort, some mild and some severe. One case I recollect well was a young lady at Skelton, in Yorkshire, aged nineteen, single, which gave me very great trouble; but at last, by continued perseverance, I controlled the discharge, and ultimately made cure. I need not name all the remedies which I tried. Suffice it to say that the drug which did *all* was gallic acid, in five-grain doses three times a day. Under this treatment I do not remember one case having failed. It is only just to the gentleman by whom I first saw this drug administered to mention his name, as I was then his visiting assistant for three years. It was W. Braithwaite, Esq., Editor of the *Retrospect of Medicine*, at Leeds. I remain yours truly,

GEORGE SELWYN MORRIS, M. R. C. S.

Tottenham, October, 1860.

SIR,—In reply to your Lewes correspondent "Obstetricus," I think if he will have recourse to the gallic acid, in five-grain doses three times a day, *during* the menstrual flow, conjoined with perfect rest in the horizontal position, and administer small doses of extract of nux vomica, strychnine, or quinine with hydrochloric acid, *between* the periods, for the better improving the muscular tone of the uterus, he will be gratified to see its salutary effect and his patient's marked improvement under this plan of treatment, if properly and carefully carried out. I shall be pleased to hear that it has proved as successful in his hands as it has in mine for some years past.

I remain, Sir, your obedient servant,

ROBT. B. NEWHOUSE, M. R. C. S.

Birmingham, October, 1860.

[*London Lancet*.]

Tannin as an Antidote to Strichnia and Narcotic Irritants.

[Dr. Patze, of this city, referring to a short article, published in the *Reporter*, a few weeks since, writes to us as follows:]

MESSRS. EDITORS:

The recommendation of tannic acid, as the surest antidote in poisoning with narcotic alkaloids (morphia, etc.) by Foulmouch and Meurer, induced Ludicke to use it in poisoning with strychnia, and with eminent success. Allow me to add a few cases to those already on record.

While practising in New York, I was called to see a little boy four to five years of age. I found him in a peculiar state of excitement, his cheeks suffused with a circumscribed redness, his eyes unusually bright, reddened, and moving in a staring manner; now jumping from his couch, as for a pursuit, then cowardly crawling under his coverings; the skin dry, moderately warm, pulse somewhat accelerated, but slower than might be expected, considering his general excitement. He had very vivid delirium, talking of his horses, dogs, as if he were in hot pursuit or running away from them. With some difficulty it was ascertained that he had eaten stramonium seeds. With cold fomentations

to the head, and two grains of tannin at a dose, repeated every half hour, or hour, he recovered very rapidly.

Some years ago, at Stettin, in Prussia, I was called to see a little girl between three and four years of age, whom I found in a very alarming condition; the face red, foaming at the mouth, stertorous breathing, violent convulsions, incessant *lateral motions* of the spine; pulse rather slow and full. It was soon ascertained that the child had been eating freely of the berries of *solanum nigrum*. An injection of water and vinegar was at once given, and tannin administered internally in two grain doses. The effect of this was surprising. The next morning the child was out of danger, and a few days later, under derivatory treatment on the intestinal canal, she was perfectly restored.

Permit me here to call attention to the peculiar effect which acrid narcotic poisons seem to have upon the motary spinal nerves, producing a snake-like movement of the body. In a case of poisoning by belladonna, which I witnessed, this winding motion of the body was extremely well marked, presenting a horrid spectacle. The same movements were present, though not in so violent a degree, in the cases above related.

[*Medical and Surgical Reporter.*

A. PATZE.

Gilman's Treatment of In-Growing Nail.

BY HENRY M. CLARKSON, M. D., Wateree, Richland Dist., S. C.

Mrs. S., a young married lady, applied to me on the 12th of March last, to be treated for an in-growing of the nail of the great toe.

She had not been able to wear the softest shoe for many months, or bear the slightest touch of the finger upon the parts adjacent to the sore. This was on the inner side of the nail, near the root, discharging pus, and surrounded by great inflammation.

Unwilling to subject one of so delicate a constitution and so nervous a temperament to the painful application of nitrate of silver, or to the severe operation of extracting the nail, I resorted to the plan recommended by Dr. N. Gilman, of Hatfield, Mass., (*Boston Med. and Surg. Jour.*, Dec. 29, 1859.)

Having held a small piece of tallow in a spoon over the flame of a lamp, until it melted and became very hot, I dropped two or three drops of it upon the seat of the granulations, and directed the patient not to attempt to put on her shoe until a cure was accomplished. After this visit I did not see her for several days, when I was gratified to find the granulations gone, and the pain and tenderness effectually relieved. Paring away the exposed edge of the nail, in ten days later she was walking about, wearing her shoe with comfort; and at the present time, (six months since), there appears not to be the slightest probability of a return of the complaint.

When it is recollected, how frequently surgeons pronounce the operation of extracting the nail one of the most excruciating in practice, necessitating the use of anæsthetics, and that cauterization by nitrate of silver is always dreaded, it is to be hoped that others will substitute for such barbarous treatment this simple method of Dr. Gilman, as one suitable for self-application, quick in giving relief, effectual in curing, without pain, and last, though not least, obviating the risk in resorting to chloroform.—*Medical and Surgical Reporter.*

M. JOBERT'S METHOD OF TREATING STRICTURE.—The *France Medicale* of the 11th ult. contains a clinical account of M. Robert de Lam-balle's practice, at the Hotel Dieu of Paris, in the treatment of stricture. The French surgeon's opinions are rather sweeping, as he condemns pretty well every mode of treatment save his own, which is described as follows:—Take an emplastic bougie, and soften the extremity at the flame of a lamp; then incorporate more or less alum with it, according to the effect you wish to produce, and gently carry down the instrument to the seat of the stricture. There leave it a quarter of an hour. After two or three applications (the intervals are not mentioned), inflammation of the mucous membrane and discharge follow; the canal becomes disgorge by this transitory catarrh, and a bougie with an olive-shaped extremity passes easily. The case quoted in support is in nowise conclusive, and we must submit that the alum incorporation does not seem to us to present any advantages—rather the contrary. This practice of M. Jobert somewhat resembles the new mode of treating gleet in Paris, alluded to by our own correspondent; but practitioners will probably require good proof that these methods are really efficacious, and that they produce no mischief, before they have recourse to them.

A QUACK DOCTOR IN TROUBLE.—At the Dudley County Court on the 25th ultimo, an action was brought by a laborer named Sampson Skinner, and his wife, to recover the sum of £10 from a person who styles himself "Dr. Miller." It was stated that, on the 21st of June last, the plaintiff and his wife went to the herbal establishment of "Dr. Miller," in Dudley, and asked for a pennyworth of Epsom salts. Mrs. Miller in the absence of her husband, gave plaintiff a packet. Upon reaching home, Mrs. Skinner dissolved the substance in some water, and proceeded to take it. Remarking a strange taste about it, she asked her husband to taste it also, which he did, and was immediately seized with vomiting. As he had only taken a small quantity, the effect was not very severe. His wife, however, was taken seriously ill, a surgeon had to be sent for, and for some time her life was in danger. The substance given for Epsom salts was found to be sulphate of zinc, a deadly poison when taken in large doses. His Honor at once gave a verdict for the full amount claimed, commenting severely at the same time upon the conduct of Miller in leaving such poisons within the reach of persons ignorant of their deadly effects.

Hunter Memorial.

By a vote of the American Medical Association, passed at its late meeting at New Haven, a Committee of one from each State represented, were chosen to fulfil the object of the following resolution.

Resolved, That it be recommended to the different States, to collect subscriptions of not more than one dollar each from every regularly educated physician, to aid in the erection of a Monument, about to be placed in Westminster Abbey, to the memory of John Hunter. All monies collected to be forwarded to the chairman of the Committee hereby appointed.

The subscriber was chosen for the State of Ohio, and to give the subject general publicity has requested the Editors of the different Medical Journals in this State to publish this notice.

Each regularly educated Physician of this State who admires the towering genius and indefatigable labors of Mr. Hunter is respectfully solicited to forward by mail to me, *one dollar* with their name and residence legibly written with good ink, before the first of March, 1861. The autograph names of all donors will be arranged in a suitable volume to be deposited in the Library of the Hunterian Museum in London. In order to carry out more fully the preceding resolution, the Editors of Medical Journals, Secretaries of County or local Medical Societies, and other medical gentlemen in various parts of the State, who have been furnished with circulars, are authorized to receive the donation of *one dollar*, from each subscriber, with autograph names, and transmit the same to me before the first of March, 1861. It is to be hoped, that the Profession will maintain, by a general subscription to this worthy object, the elevated position the State of Ohio occupies in our confederacy. A correct list of donors will be found on the Secretaries table, at the next annual meeting of the State Medical Society of the State of Ohio.

Mount Vernon, Ohio, Nov. 30, 1860.

JOHN W. RUSSELL.

EDITORIAL DEPARTMENT.

Read The Following.

OUR JOURNAL.—This number of the *News* completes the volume for 1860, and satisfies us that, notwithstanding, the various duties we are compelled to perform, we can keep the work in motion; therefore, it may be looked for regularly in future, by those who favor us with *the dollar*. It is exceedingly unpleasant to *dun* a gentleman for the small sum of one dollar; but when those who read the *News* look at the aggregate, they will come to the conclusion, that small as the sum is to each individual, if *two thousand*, (its present circulation) should remit promptly, it would make, in our hands a *large* sum. Will not our friends, then pay us at once and make us feel that we are kindly remembered by those for whom we delight to labor.

It will be remembered that when the January number was issued and sent to the profession, a request was made, asking those who did not intend to take the *News* for one year and pay for it, to send it back; that if they did not they would be considered subscribers, therefore, we have continued to send to all who failed to return it, and hold them responsible for the years subscription. It is, at this time, our intention to do the same in January, 1861, and in no case will we *discontinue it till the end of the year*, unless promptly returned and *arrears paid to date*.

We have become satisfied, that as soon as a Journal has given evidence of vitality, it should be paid for in advance ; this is as necessary to its growth and usefulness as nutriment is to the young and vigorous plant ; we intend, therefore, to make a change in our terms as follows ; *One dollar* per year when paid in advance, *one dollar twenty-five cents* at the end of *three months*, and *one dollar fifty cents*, at the end of *six months*. We assure our friends it will afford us more pleasure to receive *the dollar*, than either of the other sums, and that it will enable us to devote more time and attention to their interests. We are satisfied the patrons will not neglect us in future ; it must be evident to all that the enterprise is not a *money making* one, and that they can make it a *money losing* one.

CROWDED OUT.—A notice of some of our exchanges that have *not* come to hand ; also an enquiry into the *propriety* of *authors* or *publishers*, placing in the hands of Editors, Medical Books to be sold to *their subscribers only*, at three dollars fifty cents, when the same books cost five dollars at our book stores.

THAT KNIFE.—“What knife ? the one now in our pocket ; it is the best for the price, that ever went there,—went where ? why into our pocket of course. Rickey, Mallory & Co. 73 West Fourth street, at their large book establishment, have for sale, the best assortment of pocket knives we have ever examined. Call and see them.

THE GOLD PEN.—We know of nothing more annoying, when in a hurry, and anxious to write a note or letter in a neat style, than to find our pen out of order ; to obviate this difficulty we obtained one of Rickey, Mallory, & Co's., *gold pens*, which renders our task in the writing line, an exceedingly pleasant one ; these pens are *warranted* by the proprietors at No. 73 West Fourth streets.

RICKEY, MALLORY AND COMPANY'S CATALOGUE RAISONNE.—A general and classified list of the *most important works* in nearly every department of *Literature* and *Science*, published in the United States and England, with a BIBLICAL INTRODUCTION. This is admitted, by all parties, to be one of the best arranged and most complete catalogues ever offered the public, and every man who may desire to purchase a bill of books should have one ; it contains 259 pages.

ERATA.—The quotation marks at the last paragraph of Prof. Lawson's address should have been omitted.

CINCINNATI

MEDICAL AND SURGICAL NEWS.

NEW SERIES.

VOL. I. CINCINNATI, NOVEMBER, 1860. No. 11.

MISCELLANEOUS CONTRIBUTIONS AND SELECTIONS.

For the Medical and Surgical News.

Diphtheria.

The subject of Diphtheria seems during the last twelve months to have attracted the close attention of medical men, in every part of Europe and America.

Almost every Journal, from whatever source, to which I find access, contains one or more articles, expressing different gentlemen's views with reference to the nature, cause and proper treatment of, this most intensely fearful disease.

And it is a matter of deep interest to note, the manifest want of agreement, in opinions held, by different practioners, of equal claims upon our respect as to their medical acumen.

The late discussion of this subject in the Academy of Medicine at Cincinnati, as reported in Medical News by Dr. Thacker, does not in the least, clear away those discrepancies.

Out of the eight or ten gentlemen who engaged in that discussion, and who seemed to be guided by actual observation of cases occurring in their own practice, scarcely any two could agree in any one thing, except, that it was proper to administer chlorate of potash in the treatment of the disease. The marked differences of opinion are the more remarkable when it is remembered that all their cases occurred in the same city, doubtless under great similarity of influences. One considers it identical with scarlatina, another denies it; one considers it contagious, others deride the idea; one depletes freely, others stimulate; one uses mercurials, others repudiate them;—but most agree, that chlorate of potash is a good remedy.

Now I am forced to the conclusion that all are not correct in their views, and that a disease which so uniformly presents evidences of deeply depraved blood, as I am satisfied this disease does, can not be properly treated by such directly opposite courses of medication.

I have neither time nor disposition now, to enter the disputed fields as to its contagiousness, or identity with scarlatina. But will simply remark, that, after having carefully studied the history and nature of over 250 cases which have occurred in my own practice, within the last

two years, I can see no reason for changing my views as to its nature and treatment, from those expressed in an article which I contributed to the Ohio Medical and Surgical Journal, and was published in the January number, 1859, to which reference may be had by those who feel disposed. I will here assert, that, in my humble judgement, any one who will at the very outset of the attack, administer full doses (3 to 6 grs. to children 3 to 6 years old) of sulph. quinine, and continue its use, in connection with chlorate of potash, and apply nit. silver in solid stick locally, avoiding mercurials in any quantity, or form, cathartising as little as possible, will find such success, attending his treatment, as will lead him, if he had had doubts as to the nature and pathology of the disease, to settled and satisfactory conclusions.

In many cases, I deem it better to use nitric acid in connection with the quinine treatment, than chlorate potash.

Respectfully,

Hopewell, O., Oct. 29, 1860.

THADDEUS A. REAMY, M. D.

[Two reasons prompt us to publish the following, taken from the *Medical and Surgical Journal* of January, 1859. First Dr. Reamy calls attention to it in the preceeding communication; and secondly, we have received, within the last month, several letters of enquiry in reference to the treatment of diphtheria, and its pathological signs, therefore, we feel satisfied that we cannot do better than to lay before our readers the opinions of others.

Epidemic Diphtheritis, and its Treatment.

Read before the Hebron Medical Society. By THADDEUS A. REAMY, M. D., Hopewell, Ohio.

In attempting a brief discussion of the subject announced, and presenting a meagre history of the disease as it has prevailed in this vicinity during the last year, and still prevails to a limited extent; I feel no small degree of diffidence, growing out of the fact, that, I am compelled from careful observations made during the treatment of more than one hundred cases, to differ slightly as to the nature, and very *materially* as to the proper constitutional treatment of diphtheritis from the very eminent opinions of Prof's. Wood and Meigs and other standard authors.

I presume there are but few attentive students of progressive medicine, but have been delighted and had their stock of professional knowledge very much improved by having the benefits of the experience and opinions of their medical brethren on both sides of the Atlantic through the efficient facilities of the many ably conducted journals to which all may have access.

It must also have been noticed, however, that during the last few years, an *unhealthy* ambition to be the author of something new, has very considerably modified the productions, even of good men.

Having my attention at present particularly directed to this existing evil, I shall, as far as possible, avoid it in this paper. Of course, I cannot expect complete immunity from that which, perhaps despite their vigilance, influences older and wiser heads.

In the month of February last, (1853,) I was called upon to visit, in consultation with Dr. McCray, of Gratiot, Ohio, a little girl of four years, daughter of Mr. S——, residing in the above named village. Dr. McC—— informed me that he had been treating the case 8 or 10 days; there had from the first been soreness of the throat, attended with slight febrile symptoms. During the last 24 hours, there had been hoarseness, with great difficulty of breathing. Several deaths had occurred in the village in the past three months, and that he regarded the disease as a *marked* form of Scarlatina. Had in the case before us, used mercurial cathartics, astringent gargles, and anodyne liniment externally.

Condition of patient at the time: pulse 140, feeble; surface of trunk ordinary; extremities cool; breathing very difficult; croupy cough; complete aphonia; examination of fauces revealed a deposition of peculiar membrane completely covering tonsils, uvula, palatine arches, and extending as far down into the pharynx and larynx as I could possibly see by depressing the tongue with the handle of a heavy spoon. Parotid and sub-maxillary glands much enlarged. I unhesitatingly pronounced it a case of diphtheritis, and gave an unfavorable prognosis. Prescription.—Nit. Arg. grs. 40, Aqua, 3j, to be applied freely as far down the larynx as possible, by means of probang. After which an emetic of Ipecac and Ant. Tart. After free emesis was produced, another application of sol. Nit. Arg.—this latter to be repeated 3 times daily. Internally Hydr. Sub. Mur. gr. every 2 hours. Liniment composed of olive oil, camph. gum and aqua ammonia externally; simpisms to extremities.

Second day.—No better; treatment continued. Third day—worse, almost suffocated; patchiæ about the shoulders and neck; dark yellow echymosed spots on lower extremities. Ordered another emetic; patient threw up a false membrane over an inch in length, being a perfect tube moulded by the trachea, having considerable firmness and remains perfect at this writing; it was exhibited to the society. After this, breathing somewhat easier; ordered stimulants. Fourth day died.

Saw, within next 5 weeks, two other cases in consultation with Dr. McC——, and 3 cases of my own. Similar treatment was instituted, and similar results followed. They all died in from 5 to 10 days after the attack. In two of these cases, treatment was commenced when the false membrane was limited to the tonsils and about half the space between the platine arches. In them the emetic was omitted. An obvious and rapid tendency of the membrane to pass into the larynx led me diligently to employ the mercurial, under the impression that, more than all other remedies combined, this had the power of preventing the promotion of the membrane. In this belief I was sanguine, partly from the statements of Wood, Meigs and others; but, unfortunately, the results did not serve to strengthen my faith—nearly every patient died of asphyxia, produced evidently from extension of the false membrane into the trachea and bronchial tubes.

Within 10 days after the death of last named cases, I was called to see a boy of 3 years, son of Mrs. F., of Gratiot, and brother to last patient lost. Pulse 140, feeble; tongue slightly fured; papillæ elevated; fauces and tonsils covered with a whitish yellow looking membrane; removed a portion of it with some difficulty, by means of a grooved director; mucous membrane beneath entire, but very red and

glossy. There were also several dark greenish echymosed spots on the lower extremities below the knee. Urine turned litmus paper, after being reduced by acid, deep blue. Applied in axilla afforded same result—in stools which were fluid, the same condition; an alkaline condition of all the secretions. Prescription.—Argt. Nit. in solid stick, fastened in the end of a goose quill by means of a thread (which is much safer than the port caustic,) applied effectually as far down as the membrane could be reached; followed by an emetic of Ipecac and Ant. Tart; Alum 3i, Aqua 3 viij, to be used 4 to 6 times daily by cotton swab. Internally Quinine Sulph., gr. iij; Acid Nitric Dilute, qtt. ix to xij; Aqua Font, 3ss. every 4 hours. After 6 or 7 doses had been given; the acid to be administered but 3 times daily, and quinine to be repeated every 3 hours. Second day.—Pulse 135; not quite so feeble; no other improvement; treatment continued. Third day—no change; treatment continued. Fourth day—membrane disappeared, except two or three small patches at upper part of pharynx, and some little on each tonsil; no other improvement; treatment continued. Fifth day—much better; alum-water continued, but Argt. Nit. discontinued. Sixth day—dismissed. The Argt. Nit. was in this case applied by myself each morning.

Within four weeks from this time I treated some 24 cases in the same neighborhood, in same way. Chlorate potash was used as a wash, or gargle, (owing to age,) when the secretions from the fauces or nose were very offensive. Every case recovered. Treatment was commenced in these cases before the membrane had entered the trachea; although in several cases it was very rapidly tending in that direction.

In the month of June last the disease appeared again in the family of Mr. B——, who resided one mile west of my village (Mt. Sterling,) and two and a half miles east of Gratiot. First was a daughter of 15 summers, an exceedingly intelligent and interesting young lady; and so insidious was its march, that when I first called, the pellicular membrane had reached the trachea and bronchia; the tonsils were gangrenous; offensive sanies from nose; patchiæ about the neck and on the extremities; pulse one hundred and forty-four, very feeble. Prescribed Nit. Silver as before. Most powerful stimulants failed to rally the failing energies of life. Epistaxis occurred on the third day, and when the nostrils were plugged she bled at the gums and lips. She died of exhaustion.

Notwithstanding I cautioned the parents to carefully watch the remaining five children, and report to me the earliest indications of the approach of the disease, they allowed a little boy of five years to get in the very last stages of the disease before they detected it. When I first saw him he had all the symptoms of membranous croup. After treatment was commenced, he improved apparently, but in a few days died when we were not expecting it. I tried the mercurial treatment in his case. The four other children all suffered from the disease; in this family the adynamic condition and malignant tendency of the disease was greater than in any others I have seen, owing, perhaps, to what I think is plainly evident among all these children—the scrofulous diathesis. One of them, a little boy, was under treatment four weeks. Treatment same as before given—Argt. Nit., alum water, quinine and Nit. acid. All recovered.

The disease spread rapidly. In five weeks nearly one hundred child

ren in a territory of two miles square were attacked; many of them were very bad; all, however, were put under treatment before the membrane had encroached upon the trachea, as I had by this time succeeded in arousing the parents to the importance of watching the throats of their children daily. My partner, Dr. C. H. Evans and myself, treated all the cases that occurred in the above named locality. The above specified treatment was instituted in every case, sulphate of magnesia being used invariably as a cathartic, and occasionally, where there was evident hepatic derangement, and the disease had not advanced too far, we prescribed a mercurial. Every case, except those I have specified, recovered.

From this epidemic I was enabled to make the following statistics: Whole number of cases treated, 120; deaths, (excluding consultation cases), 5; average age, 5 years; boys, 72; girls, 43; average duration of disease after treatment was commenced, 8 days.

Tests were instituted in many of the above cases, and, with but two exceptions, the secretions were all decidedly alkaline. There is in this disease evidently great depravity of the blood, and I am well satisfied that the disease, or the poison that feeds it, rapidly increases that depravity; for in these cases where there seemed to be some force and fullness of the pulse, some strength of system early in the disease, but a few days were sufficient to bring on adynamic symptoms, unless controlled by treatment.

I regard tonics and acids internally, and nitrate of silver locally, as the only remedies from which we may expect real benefit. These, if timely employed, will most always prove successful. Sulphate of quinine exerts almost a specific influence over the disease, and should be resorted to at once, irrespective of existing fever. There is depression of the nervous system from the very commencement, and no doubt the apparent force of the pulse and tone of system often present at the beginning, is due to an attempt on the part of the organism to resist or throw off the poison; and thus tonics, instead of increasing fever, as under other circumstances, will reduce it, whereas depletion, or remedies intended to reduce inflammatory action by acting on the fibrin of the blood, increase the very symptoms they are intended to allay, and assist the disease in destroying the patient. I am thoroughly convinced that calomel in *any* form, at any stage of the disease, is very prejudicial. In the few cases where I have administered this drug to arouse the liver to action, it seemed to aggravate the local disease; and in the first cases named in this paper, I am satisfied its use hurried the fatal issue, although I have no doubt they would have died without its use. As intimated at the outset, I am fully aware that this view is in positive violation of the doctrines of eminent authority, yet I am led to the conclusions named. I have knowledge of several other physicians who have prescribed calomel largely in this disease, and they have been uniformly unsuccessful.

I do not believe that the blood is overcharged with an excess of fibrin or coagulated lymph, and needs unloading by the action of mercury. But I believe the blood is disorganized, and, in many instances, excessively alkaline, and that the *pellicular membrane*, in the fauces, as well as in other parts of the body, perhaps, is the result of that *disorganisation*; hence the use of acids and tonics.

The disease is evidently contagious. I need say but little as to

diagnosis. Every physician is perfectly acquainted with this subject. The most marked peculiarities are, the insidious approach, very little soreness until the false membrane begins to form, and the possibility of removing it without injuring the mucous membrane.

In many of the diseases we are called upon to treat, we very prudently pursue a tentative course, but in this we must join the enemy in active and vigorous conflict, take advantage of every possible opportunity at the very outset, and push the battle until we have driven him from the citadel of life. Happily we have the means competent to the task, provided we commence in time. I do not believe that more than one case, out of forty, need be lost, if we are permitted to commence the treatment before the membrane has gone beyond our reach. On the other hand, I think scarcely any case will be cured by any treatment whatever, after the false membrane has been deposited in the trachea.

The locality where this epidemic prevailed, is dry and healthily situated—mainly limestone water. There are still a few sporadic cases, but not so hard to control as when in an epidemic form.

European Correspondence.

GLASGOW, September 11, 1860.

Editors of Medical and Surgical Reporter :

GENTLEMEN:—In my present letter, I shall make a few observations upon the existing condition of the medical profession in England. There is not, as with us, one class only of medical men, who alone are recognized as regular practitioners; but, instead of that, there are three or four grades, to only one of which the title of M. D. is annexed. This unnecessary subdivision causes confusion and jealousy, and many are in hopes that a simpler system will, before long, be adopted.

What may be called the lowest grade, consists of those who have the license of the Apothecaries' Hall. These are called Apothecaries; but, instead of confining themselves to Pharmacy, they practise medicine, and have a legal right to prescribe and to charge for their prescriptions.

This strange state of affairs arose from the circumstance of the comparatively small number of Doctors of Medicine, and their high scale of charges, which caused most persons to consult Apothecaries in slight cases of sickness. In former times, the Apothecary, although he might prescribe, had no right to charge, and he therefore was obliged, in order to obtain a fair remuneration for his trouble, both to give a great deal of medicine and to charge very high for it. But the evil bore in its own nature the germs of a remedy.

From having so much practice thrown into their hands, they very naturally adopted a higher standard. By degrees, they have come to be a recognized body, and are no longer obliged to overdose, or pretend to do so, in order to get their fees. A regular examination in *Medicine*, as well as in *Pharmacy*, must be undergone to be admitted into their ranks.

The *SURGEON*, as the term is employed in England, means a man who has the license of the College of Surgeons. The studies for this diploma, if it may be so called, are usually carried on in some hospital, and in a school connected with it, which school has itself no power of

conferring any degree whatever, but serves only to prepare the student for the examination by others than its own professors.

The great mass of the practitioners of England have the diplomas of both the Apothecaries' Hall and of the College of Surgeons. They are called "*General Practitioners*."

A still higher grade is formed of the Licentiates of the College of Physicians, and to these the title of Doctor or Physician is given, although they have no right to add "M. D." to their names. *This* right belongs solely to the graduates of a University—that is, of Oxford, Cambridge, or of University College, London, and their number is consequently very limited, although the M. D.'s of Scottish or Irish Universities of Glasgow, Edinburgh, and Aberdeen, can confer the degree, and in Ireland it is conferred by Trinity College, Dublin, and by the Queen's University, which has Colleges at Cork, Limerick, and Belfast. In Scotland, the same constitution of the medical profession does not exist—at least, not to the same extent; for a much greater proportion of the practitioners take the degree of M. D. from some one of the Scottish Universities.

A peculiarity worth mentioning in the constitution of the profession in England, is, that the M. D.'s have no legal right to charge for their services, and instead of sending a bill at the end of a year, or six months, they are paid at every visit, the regular charge being a guinea. In the country, however, I heard of one instance in which a physician visited even at a distance for much less. The fact was mentioned in a manner which showed that the action was considered unprofessional.

I shall now give a brief account of one of the Scottish Universities, viz: that of Glasgow. It is a large building, built in a very ancient style, in three quadrangles, and contains a number of lecture rooms, some of which are devoted to medical lectures exclusively. This was not the case in one of the Queen's colleges which I visited in Ireland, where lectures on Logic, Latin and Surgery were delivered in the same room. The Professorial chairs, are as far as relates to medicine, divided just as in the University of Pennsylvania, with the addition of a chair of botany, and one of Forensic Medicine. There is also a Waltonian lecturer on the eye, William Mackenzie, who is also a surgeon of the Glasgow Eye Infirmary, and with whose name all your readers are of course familiar.

The Chair of Natural History, in the University is ably filled by Henry E. Rogers, L. L. D., a brother of the distinguished Professor of Chemistry in the University at home.

First in the list of officers of the Institution comes James, Duke of Montrose, Chancellor. There is also a rector, the Earl of Elgin. These offices are not much more than nominal, indeed, I was informed that the whole duty of the Chancellor consisted in delivering an address at stated intervals.

I visited in the University the Hunterian Museum, (that of William Hunter.) It is of considerable size, and additions are from time to time being made to it, particularly in the department of embryology. The strictly medical portion of the museum is in the basement of the building appropriated for it, while on the main floor, there is that part relating to Comparative Anatomy, interspersed with curiosities of various kinds, such as old books, old paintings, &c. I saw the cabinet

of *Materia Medica* of the Professor of that branch, but it was very insignificant and not worthy of notice.

What interested me more than the University was the Hospital, or (as it is called) the Glasgow Royal Infirmary, which contains 600 beds, and to which a large additional building, now in process of erection, will soon be added. It is a large stone building, five stories high, but inside, the favorable impression made by the handsome exterior, is, in a great measure, done away with, for the entries are narrow and the wards are rather crowded. I was surprised to find that patients with contagious diseases were received, although kept in a separate part of the building from the other patients. This part of the house the physicians distinguish by saying it is for the *fever patients*; for although the distinction between typhus enteric fever is beginning to be recognized even here, yet in ordinary conversation the term fever means typhus.

A new thing to me in the Hospital was the lecture room for post mortem examinations, a room which would contain one or two hundred students. I saw there a printed abstract for the guidance of the student in making post mortems, which was headed "Pathological Report," and had printed on it the name of all the parts which it would be at all necessary usually to examine, with blank spaces opposite, to be filled up by the description of the case under examination.

I noticed in the Hospital only one case of interest among the few that were shown to me. This case was one of excision of the head of the femur for ankylosis. After the operation great difficulty had been found in preventing protrusion of the end of the femur, and it had only been overcome at last by restoring the limb to its former bent position, making counter-extension at the perineum, and extension by means of a heavy clock-weight attached by a rope to the knee, the rope passing over a roller on the side of the bed. Abscesses were burrowing down the thigh, and had been opened in several places, but I was told that the man was in better condition than before the operation.

The next letter I shall send to you will probably be from Edinburg.

Very truly, yours,

M. D. ABROAD.

Scarlatina Maligna.

To the editor of *The Lancet*.

SIR:—Scarlatina is so common a disease that even severe cases of the anginosa species are not worth recording; but the following case of scarlatina maligna was of so malignant a character, and of such a rapidly fatal termination, that it is worthy of having a place assigned to it in your scientific journal. Fortunately such cases are very rare, owing chiefly to the attention at present paid to those sanitary laws which influence so powerfully the health of communities.

On the afternoon of the 24th of February, 1859, I was called on to see a lad, about nineteen years of age, a farm laborer in the vicinity, of a healthy constitution, and always previous in the enjoyment of good health. I found him laboring under symptoms of a very low typhoid type of fever; pulse weak, thready, about 140; tongue moist, coated with a dark-brown fur; papillæ enlarged, especially at the tip and the edges, and of a dark-red color; bowels then confined; face pale; eye-

balls sunken with dark bluish circles underneath the lower eyelids; lips livid; features of a pinched and an anxious expression; headache chiefly in occiput; intellect clear; skin about the natural temperature in chest and abdomen, but below it in the extremities, with a few small, dark permanent patches scattered over the body, chiefly, however, over the chest and abdomen, but no eruption observable, great pain and difficulty in swallowing even liquids; enlargement and tenderness of the salivary glands, affecting speech and motion of the lower jaw; throat greatly inflamed; tonsils, uvula, and upper part of the pharynx swollen, of a dark-red, ulcerated, ulcers covered with dark grey sloughs; breath fetid; thirst; urine scanty, of a port wine color; no vomiting, nor pain in epigastrium; loss of appetite; feeling of prostration; pains in back, limbs, and in fact in the bones of the whole body; occasional rigors and flushes of heat; the throat the chief seat of the disease. He stated that though he had for the previous week felt languid, weak, indisposed for work, with loss of appetite, pains in his bones, and occasional chilly sensations, yet it was only on the evening of Feb. 23d that he felt really unwell, having then been seized with violent fits of chilliness, and with great soreness of throat, and that even in the morning of the 24th he had attempted to work, but had been compelled to go to his bed about noon. I elicited from him that he had about ten days previously visited a house in his neighborhood two or three times, where there was a mild case of scarlatina, then rapidly recovering.

Feb. 25th.—All the above symptoms continued, and had become of a more aggravated nature, but still no eruption apparent; skin inclined to a pale, livid hue; bowels now loose, the stools being frequent, watery, of a tarry color, but containing no blood.

About eight o'clock on the morning of the 26th, a diffused eruption, of a dark dingy hue, almost purplish, for the first time appeared for about three hours, confined entirely to the chest and abdomen. It suddenly receded, followed by an exacerbation of *all* the symptoms—of the dyspnoea, the difficulty of swallowing, the sense of suffocation and of extreme prostration, &c., &c. He gradually sank, and expired at two, P. M., having thus survived only about forty-eight hours after I had seen him. He had left off his work only a few hours previous to my visiting him. The usual remedies and appliances were employed, such as cold to the head, blistering of temples and nape of neck, counter-irritation of throat, constant application of heat to the body and extremities, strong beef tea, warm drinks, brandy and stimulants, a mild alterative and laxative at first, along with stimulants, diaphoretics, narcotics, and diuretics—such as camphor, ammonia, spirits of nitrous ether, ipecacuanha, Dover's powder, hyoscyamus, and opium,—and saline mixtures, gargles of alum and of the mineral acids, &c.

This case, though derived from one of a mild form of scarlatina, was of the most malignant character. It is worthy of remark, that there were neither vibices, nor any discharge of dark blood from any of the emunctories; that there was no affection of the chest, nor of the head, as the intellect was clear to the last; but that, as the eruption was slight and evanescent, the virulent poison of the disease, though also affecting the mucous membrane of the intestines, appeared to have concentrated itself chiefly in the throat.

I am, Sir, yours respectfully,

J. B. NICOLSON, M.D., M.R.S.C., L.S.A.

Robertsbridge, Sussex, 1860.

QUININE IN SCARLATINA MALIGNA.

SIR:—Having read in your journal a brief account of scarlatina maligna proving fatal in about forty-eight hours, I venture to ask the writer of the case in question why he omitted from his long list of remedies the only reliable agent, dissulphate of quinine; he mentions diuretics, diaphoretics, narcotics, and saline mixtures. He blistered the temples and nape of the neck and applied cold water to the head. But without wishing to impugn his treatment, I cannot express any surprise at the result. For those who may have such a case to meet—and no doubt they occur but too often—I cannot too forcibly recommend the use of quinine. My attention was first called to it, in this disease, by the excellent little work of Mr. Peter Hood, in which he so strongly urges its adoption in all forms of scarlet fever. I have put his plan to an extensive test in a large dispensary practice, and have every reason to bear testimony to its success. Without intruding further on your valuable space,

I am, Sir, your obedient servant,
J. HAWKES.

County Ophthalmic Hospital, Maidstone, 1860.

SCARLATINA MALIGNA.

SIR:—Dr. Nicholson's case of scarlatina maligna, inserted in your valuable journal is interesting, but I am sorry that no prominence is given therein to the use of the sesquicarbonate of ammonia. There is abundant evidence before the profession in proof that it contains specific powers over the worst form of scarlatina, and that, when the eruption recedes, no means known have the same power in producing it and relieving the patient. The other remedies employed in this case had evidently no beneficial effect; but in many similar cases I am fully convinced that this preparation of ammonia, administered regular day and night, and trusted to alone, with a mild aperient and a suitable diet, will be found fully equal to the restoration of the patient.

The great and superior value of this excellent medicine in scarlatina and rubeola is, I fear, but half apprehended by many professional men, and my object in this communication is to call their attention more fully to it.

I am, Sir, yours sincerely,
T. J. GRAHAM, M.D., L.R.C.P., Ed., &c.

Epsom, Surrey, 1860.

Ligature of the Femoral Artery.

By E. J. KIRKSEY, M. D., Radfordsville, Ala.

On the 6th of June last I was called in great haste to see a negro boy, a house-servant belonging to a very particular friend and patron of mine, living some three miles out of town. On my arrival at the spot, I found him nearly exhausted from a great loss of blood. Upon examination I found a deep cut on the thigh made by a heavy stroke of an axe in the hands of a strong and powerful man. The wound extended down to the femur, and had fortunately only made a slight chip in the bone, without any other damage to the femur. The axe is

the route had severed the femoral artery and vein and the great nerve of the thigh. I lost no time in securing the artery, upon tying the upper portion: from the extreme loss of blood, syncope came on before the distal extremity could be secured. During the syncope I did not tie the lower portion, and it continued to bleed during the entire attack, until it was securely tied. The bleeding seemed to "ooze" up like the bubbling of a well or a slow spring,—the bleeding resembling that of a vein rather than that of an artery. I always tie both extremities of the arteries, no matter how small, for fear of a flow of blood from the lower end of the artery. It is, however, true that when we have securely tied the upper portion, the flow from the lower part may be temporarily stopped in a fit of syncope, but seldom perfectly, for the reason given by a distinguished Surgeon, that the vessel apparently does not here possess the same power of contraction or retraction that it does above, and consequently it is not capable of forming a sufficient clot, either internal or external. After the ligature of both ends of the artery, and gently twisting the large vein, I closed up the flesh wound, it requiring four stitches. Owing to extreme exhaustion, I ordered stimulants to be freely given during the balance of the day, and until I could again visit him, also had cold water dressings applied to the wound.

On the 7th, found him with some slight fever; pulse quick, but feeble; discontinued the stimulants, and administered a large dose of morphinæ sulphas; continued the cold water dressing.

On the 8th, found him better; still continued to apply the cold water, and gave a dose of oil to move his bowels.

On the 9th, still continued the treatment, and patient apparently improving rapidly.

On the 10th, patient about the same; some inflammation about the wounded part of the thigh; discontinued water dressings and applied emollient poultices.

On the 11th, all inflammation, from the use of poultices, had subsided; discharged him until the 20th, at which time I expected to find the thread or ligature detached from the artery.

On the 20th, much to my surprise, it could not be gently detached.

On the 25th, I again visited my patient; wound was rapidly healing, and the ligature was still retained, and it remained adherent to the artery until the end of the second month from the time of ligation: this being a somewhat rare case, I have thought proper to report it. It is equally true, however, that as to the precise time of the detachment of a ligature, there are some rare exceptions, and if you will pardon me, I will quote from the distinguished Surgeon and Professor of the Jefferson Medical College,—Prof. S. D. Gross—a man for whose opinions I have the highest regard. Prof. Gross says, "The period at which the ligature is detached, varies with many circumstances, of which the principal are the size of the cord and the manner in which it has been tied, and the state of the artery, and the amount of resulting inflammation. A small ligature will, other things being equal, be detached sooner than a large one, and a fine sooner than a loose one; and a sound artery will be longer throwing it off than a diseased one, simply because it has more power of resistance. A ligature on the bronchial artery will generally be detached in about ten days; upon the femoral in from twelve to fourteen; upon the iliac from sixteen to twenty," etc.

"I recollect a case in the Marine Hospital at Louisville, where, in amputation of the leg, the ligature was firmly adherent to the tibial artery at the end of the fourth month." In his work on Surgery he alludes to cases of still longer standing, reported by Lopez, of Mobile, Ala., and Prof. Eve, of your faculty. With a few exceptions, he says that this is the fault of the operator, but we are disposed to believe that it is owing to the "extraordinary quantity of organized plastic matter interfering mechanically with the detachment of the thread." However, the process by which separation of the ligature takes place should be better understood.

If you think this case worthy of note, I should be pleased to have you give it a page in your valuable journal.—*Nashville Journal of Medicine and Surgery.*

Successful Treatment of Vesico-Vaginal Fistula.

By W. T. BRIGGS, M. D., University of Nashville, Tenn.

Mrs. W——, of West Tennessee, came to our city in June last, seeking relief from a vesico vaginal fistula, and placed herself under my care. She was a lady of about 40 years of age, the mother of four children, the last of whom was still born, and whose birth gave rise to the accident.

Her last labor took place about the middle of July, 1859, and was unusually long—she being in charge of a female midwife for several days before a physician was called. Upon examination, finding a presentation, he turned and delivered the child. After the birth she had a very severe spell of sickness, lasting several days. When she recovered it was found that she could not retain her urine: it passed off continually, whether in the erect or horizontal position, producing great excoriation of the labia and thighs; and upon walking much it would wet even her stockings, and fill her shoes. This condition had continued to the time of her visit. At first her general health had been good, but more recently it had given way, and she was suffering from indigestion, loss of flesh, and general debility. An examination per vaginam revealed a large fistula situated at the junction of the vagina with the cervix uteri about $1\frac{1}{4}$ inch in the transverse by $\frac{3}{4}$ to 1 inch in the antero posterior diameter; the cervix uteri was thrown upwards into this opening, so that the posterior lip of the os uteri formed the posterior boundary of the fistule.

Although this was an unpromising case of an operation, in consequence of the high position and size of the opening, and the bad health of the patient, yet in view of her unfortunate condition, it was determined to give her the benefit of a *chance* for relief; and after full consultation with Professors Eve, Bowling and Watson, I determined to leave the cervix uteri in the opening as it was, and to attempt to unite the vaginal with the uterine lip of the fistula, thus throwing the os uteri into the cavity of the bladder.

She was placed under the preparatory treatment, which, in a week or ten days, so improved her general health that I thought her in good condition for the operation. Accordingly, having had her bowels freely evacuated the night before, I proceeded to operate, assisted by Professors Eve and Watson, and Messrs. Binns and Seward, medical students.

Having placed the patient in position on her knees and forearms, with the head and shoulders depressed and nates elevated, the speculum of Sims was introduced, and the recto-vaginal septum well raised, thus illuminating the vaginal cavity so perfectly that the fistula was brought fully into view. The edges were then freely pared at the expense of the vaginal mucus membrane. After waiting for the bleeding to cease and the patient to rest, I proceeded to deposite the metallic sutures, which I found to be a very difficult matter, owing to the position of the opening and the mobility of the cervix uteri; but after many fruitless attempts, success crowned my efforts, and six sutures were deposited to my notion. I used the staphyloraphy needle in the *port aiguille*, and passed it through the posterior lip first. Then the sutures were passed through the perforations of Dr. Bozeman's "*button*"; and it being carried home was fastened by the perforated shot.

The lady bore the operation without a murmur or groan. She was placed in bed; an opiate administered, and the self retaining catheter introduced. She continued to do extremely well, except she could not bear the catheter at all, (but fortunately had the power of passing urine every few minutes, without effort, asleep or awake) until the fifth day, when she was attacked with chills, followed by high fever, great abdominal pain and tenderness. Active antiphlogistic treatment was used in vain, until I was compelled to purge her freely; after which she improved rapidly.

No urine had escaped through the fistula until she had the spell of sickness; afterwards it escaped freely. I let the *button* remain until the 12th day. Upon an examination of the suture at that time, the button was found very loose and tilted up against the fistula. The wires were cut and the whole removed, and to my astonishment I found the fistule cicatrized to a great extent, leaving only a small round opening not larger than a goose quill. The patient's health had suffered greatly during her confinement, and our effort was directed now to its restoration, hoping that the fistule would completely heal by local applications. Notwithstanding her general health became greatly better, in fact entirely restored, no change of the fistula was effected.—her urine still escaped per vaginam. I should mention that her menses come on and passed partly per bladder and partly per vaginam.

On the 25th of July, her bowles having been freely emptied and diet restricted to a cracker and a cup of tea for several days, the operation was again performed. More difficulty was experienced in denuding the edges of the opening, and a great deal more in depositing the sutures. I could effect nothing with the needle used previously, nor with the common needle of the pocket case. I succeeded with Bozeman's straight needle placed in the needle-holder at an obtuse angle; after passing it through the anterior lip, I depressed the handle, greatly forced it through the posterior lip and catching the point as it emerged pulled it forward;—five sutures were deposited, the button applied and fastened as before.

It will be sufficient to add that she had no trouble after this operation; no urine escaped through the opening, she passed it ad libitum, not being able to use the catheter; her bowles remained constipated for fourteen days. On the 12th day I removed the button and found the fistule perfectly cicatrised.

Five days afterwards she menstruated entirely through the bladder, not one drop per vaginam.

In three weeks she went home by railroad and stage—having to stage it 60 or 70 miles. Since her arrival we are informed that she is doing well.

It will be seen that we did not adopt the recommendation of Sims and Bozeman to disengage the neck of the womb from its position in the bladder, because we believed the operation would offer a better chance for success without, and because Jobert had performed the same operation successfully on a number of patients.

The great difficulty experienced in this operation, and in all others I have witnessed, is in passing the sutures. Prof. Eve has shown me lately an instrument called the *canulated needle*, and which he describes in the present number of this Journal, that, I think, will answer an admirable purpose in depositing the metallic suture in this operation, and will supercede all the *port aiguilles* and needles now in use for that purpose.—*Nashville Journal of Medicine and Surgery.*

An Extraordinary Case of Ascites.

BY SAMUEL M. KING, M. D., Monongahela City, Pa.

Last November I reported (vol. iii, p. 178) a case of ascites, that of Mrs. Adams, which is remarkable for the large amount of serum effused, and the number of times the operation of paracentesis abdominis was performed. A continuation of the report may be of interest to the reader.

From February 1st, 1854, to October 18th, 1859, she had been tapped over fifty times, and the amount of fluid discharged was 628 gallons, 2 quarts, 1½ pints. From that time the record runs as follows:

	Gallons.	Quarts.	Pints.
Previously reported,	628	2	1½
November 22d, 1859, drew off,	12	2	1
December 20th, " "	13	—	—
January 17th, 1860, " "	13	1	½
February 15th, " "	13	1	—
March 17th, " "	12	2	1
April 15th, " "	13	—	1½
May 16th, " "	13	2	1
June 14th, " "	13	2	—
July 11th, " "	12	3	1
August 7th, " "	14	1	—
September 8th, " "	13	—	1
Amounting in all, up to this time, to - -	774	0	½

Mrs. Adams continues to enjoy tolerably good health for one in her situation. In some respects she has improved since the last report; a cough, that annoyed her very much for years, has ceased entirely for some months.

Oct. 1st, 1860.

[Medical and Surgical Reporter.]

Polypus of the Womb.

BY J. H. BLAKE, M. D., North Auburn, Me.

Mrs. R., aged 57, was seen on August 25, 1860. She was in a very low condition, perfectly anæmic, and in great distress. Pulse 102, very small. Two brown streaks in the middle of the tongue. Had had seven children, the last twelve years ago, at which time there was some trouble about the afterbirth, which, she thinks, never came away. She dates her trouble back four years, during which time she has suffered from pain in the back and hips, and "a dreadful bearing down," and has been frequently prostrated by hemorrhage, so that she could not leave her bed for a considerable time. The bowels have been costive and relaxed by turns. At times, retention of urine, but also frequent micturition or absolute incontinence. Her trouble has been called "the turn of life," "menorrhagia," "womb complaint," &c., and she has been treated accordingly.

The last physician called, made an examination, and said there was a polypus growing from the neck of the womb; that nothing could be done to effect a cure; that she must make up her mind to die. (This was last May, according to the report.) She did make up her mind to die, and was found in a desponding and (to her mind) hopeless condition, the last hemorrhage, eight weeks ago, having prostrated her, so that she had not left her bed, though she was gaining a little strength.

An examination disclosed a large, hard, pretty smooth, white tumor, completely filling the pelvis. She said it did not come down, as it used to; in fact it could not, for so completely did it fill the pelvis, that the womb was pressed up so as to be as distinctly felt through the parietes of the abdomen as directly after labor. The patient was anxious to get well, but she had no hope, no courage. I gave her some stimulus, with twenty-five drops of tincture of opium, and sat down to talk with her, and if possible to gain her confidence, for I was a stranger, and had only been called on account of the urgent request of some friends of hers. In order to induce her to submit to the necessary treatment, I promised her a sure and speedy cure (though I should not be willing to say that I had no misgivings, on account of her prostrate condition), if she would take courage and try to keep in good spirits until I could remove the tumor.

Having obtained liberty to do whatever I thought necessary in order to effect a cure, I passed my left hand, which is rather small, with considerable effort, completely within the pelvis, and while the orifice of the vagina encircled my wrist, the tip of the middle finger just reached the mouth of the womb. My hand was in a tight place, but I succeeded in flexing the first and second joints of the second, third and fourth fingers so as to force the hand further up, and pass the index finger an inch or more within the os uteri, sweeping it around the pedicle, which appeared nearly two inches in diameter, and becoming satisfied that the insertion of the pedicle was far within the womb. The os was quite flaccid, and while the finger was within it, I could feel the womb far above the brim of the pelvis, with my right hand. The tumor was irregularly round, taking its shape, probably, from the parts in relation to it; its size was about that of a quart measure.

Not being able to obtain such an instrument as I wished, I took from an umbrella frame a wire brace fourteen inches long, and, after

enlarging the hole in the end, bending it to suit the case, and covering it with gutta percha, I had an instrument resembling Hunter's polypus needle.

August 25th.—Applied the ligature, without any difficulty, close to the womb, my small hand enabling me to ascertain this point. I could not, however, draw it very tight, on account of pain.

It would be too much to state all the particulars of this case, but those who have read Dr. Channing's excellent communications to the JOURNAL, during the last ten years, upon the subject of "polypus of the womb," will know that after the ligature was applied there was little or no hemorrhage, that there was pain, restlessness, and all sorts of discomfort, that the discharge from the vagina has been profuse, dark, foul, and sometimes like rotten liver. The catheter was used, and injections thrown into the rectum. Stimulants and opium were required, and freely given.

On Sept. 5th, ten days after the operation, finding the ligature free, I removed the instrument from the vagina, and tried to draw down the tumor with the blunt hook of Hodge's forceps, but not succeeding to my mind, I applied the forceps as to the head of a child, and extracted it without difficulty.

The tumor weighed 12 ounces; was quite dark, soft, and probably not more than one quarter as large as it was when the ligature was applied. Upon it there was a spot of the size of an old-fashioned cent, quite rotten, and from which there had apparently been a discharge.

In the latter part of September, the left arm and leg became œdematous, but the difficulty disappeared after the administration of a saline cathartic, and the patient, on October 1st, was rapidly convalescing.—*Boston Medical and Surgical Journal*, Oct. 18th, 1866.

Membranous Stricture.

MESSRS. EDITORS:—Some years ago, I published, in your popular JOURNAL, an article on stricture, and advocated, as I still do, the treatment of that disease by "*internal section*." In the above-named article, I referred to the fact that Civiale (now deceased) practised internal section down to the curve of the urethra, which he afterwards extended the whole length of the canal. I then, and often since then, have stated that I had found no case in which, in my hands, the practice had failed. The following case may, however, be considered an exception to the rule.

Mr. S. a gentleman of about 60 years of age, of excellent moral character, the father of a large family, and probably never affected with gonorrhœa, consulted me, about three years ago, on account of a difficulty in the passage of urine. The stream, during several months, had gradually diminished, until the urine came away so slowly, that "six men in succession could urinate, at a public 'watering place,' while he did once." On examination, I found the mouth of the urethra covered by a membrane, leaving only a very small orifice at the lower part, not larger than the point of a pin. According to custom, and by means of a small probe, introduced as a director, I divided the membrane freely, producing a full and free passage for the urine, much to the relief and gratification of the patient.

I was somewhat surprised about a month subsequently, to receive a visit from my patient, and to learn that the orifice made by my knife had nearly closed, and that the passage of the urine was nearly as slow and tedious as before. I resorted to the knife again; and in order to secure the patulency of the urethra, and prevent the reproduction of the membrane, I applied the nitrate of silver, in stick, freely to the raw surface.

Six weeks afterwards, my patient presented himself again, with precisely the same difficulty, and was relieved for about the same length of time by the operation of the knife.

This has now been repeated, at about the same intervals for at least three years; the membrane is reproduced, although cut out sometimes, and caustic applied in addition. In one respect, the disease is not a very serious or dangerous one, as relief is promptly afforded by the knife; yet it is a great annoyance, keeps the patient in perpetual anxiety, and might be dangerous were he not within reach of surgical assistance.

I send the case to you, in hopes that some one more experienced in the matter, than myself, will suggest a remedy.

Respectfully, yours, &c.

JAMES BRYAN.

1306 Walnut St., Philadelphia, Sept. 29th, 1860.

[*Boston Medical and Surgical Journal.*]

Growth of Nails.

In going round the wards of the Charite with M. Beau, a novice will be not a little puzzled at seeing him scrutinize closely the finger-nails of each newly-admitted patient, telling him occasionally, after a few moments examination of the cuticular appendage, "My friend, you had a bad illness so many months ago, a very severe illness, that pulled you down a good deal; and then you had a relapse," and so on. This sort of inverted palmistry puzzled me sorely at first, and I confess that even the explanation when given, left me very skeptical as to the infallibility of this retrospective fortune-telling. Nevertheless, although I do not believe in Hume the spiritual medium, any more than in Hahnemann and his microdotic followers, I do believe in this sign of the past as indicated by the nails. If you look at the fingers of a man who has had typhus fever three months ago, let us say, you will find on the nails, towards their centre, (at that interval of time,) a transverse furrow, deep and well marked, coinciding with the moment when the check in their nutrition occurred—the depth of the depression being in proportion to the severity of the illness, its breadth with the duration; and the several consecutive relapses being each notched on the ungual appendices as on so many tally-sticks.—*Lancet.*

POISON OAK.—Dr. C. A. Canfield, in a letter to the *Pacific Sentinel*, states that a certain cure for the poisoning of the *Rhus toxicodendron* is a decoction of the leaves of the *Grindelia hirsuta* and *robusta*, a common plant on the Pacific coast belonging to the order of *Compositae*. The leaves of this plant bruised and rubbed on heat, nettlerash, etc., are found to be effective in at once curing the itching, and there is no doubt of its efficacy in the above case of poisoning.—*Nashville Journal.*

Report of two Cases of Conical Cornea Successfully Treated by Operation.

BY GEO. LAWSON, Esq., F.R.C.S.,

Surgeon to the Great Northern Hospital, and Clinical Assistant to the Royal London Ophthalmic Hospital.

In a paper published by Mr. Bowman in the "Ophthalmic Hospital Reports" for October, 1850, he describes a mode of treatment he had been induced to pursue in cases of conical cornea. It consisted in altering the shape of the pupil, by converting the natural circular aperture which is placed immediately behind the apex of the cone of the cornea into a slit, which may be made either vertical or horizontal as the surgeon may desire. The operation is performed by drawing the iris with a Tyrrell's hook through a small incision made at the extreme margin of the corner by a broad needle, and then fixing it there by Mr. Critchett's method of tying it with a piece of very fine thread. If a vertical pupil is desired, a portion of the iris is first drawn directly downwards, and there fastened, and at the expiration of eight or ten days, or when the eye has become perfectly quiet, a similar proceeding is adopted in the upward direction, and a slit-like pupil results. It becomes, as he there suggested, a matter of experience to determine what alteration in the shape of the pupil is most conducive to improve vision in this class of cases.

As few patients suffering from conical cornea have yet been submitted to this plan of treatment, a record of those who have been operated on, with the result which has accrued from the operation, becomes not only interesting, but extremely useful in deciding what amount of good we may hope to derive from surgical interference.

The two following cases I operated on, one in December and the other in January last; and as eight months have now expired, I may justly speak of the benefit which each has derived as permanent. First, it will be observed in reading the cases that in each the conicity has been much diminished—the apex of the cone has become rounded off into the general curvature of the cornea, and the central opacity is scarcely visible.

It is very probable that this arrest of the increasing conicity of the cornea is dependent upon an alteration of the direction of the pressure within the globe, which is greatest in the normal condition of the eye in the antero-posterior diameter, in a line drawn from behind and passing forwards through the centre of the pupil to the cornea,—to that point, in fact, which forms the apex of the cone of the corner in eyes which are affected with this disease. Mr. Hulke has demonstrated by microscopical examination that this peculiar condition of the cornea is dependent on disease localized in the central portion, and which, yielding to the pressure from within, bulges, and becomes extremely attenuated. If, therefore, by any means, we can alter the direction of this pressure so as to cause it to bear on a healthy portion of the cornea, we certainly place the eye in a more favorable condition; and it appears to me that the slit-like pupil, particularly if made a little to the inner or nasal side, not only allows a more healthy portion of the cornea to receive the pressure from within, but, from its increased size, distributes it over a larger surface, and thus deprives it of a portion of its force.

The next question is concerning the improvement of sight to be gained. In each of the two cases which I am about to quote, distant vision was manifestly improved. In the first case near vision also was benefited, but in the second case the improvement for near objects was not so great as that for distant ones. The improvement of vision, I believe, depends on the rays of light being enabled, owing to the alteration in the shape of the pupil, to enter the eye through a portion of the cornea not much affected by the conicity, and not to the fact of the pupil being a long and narrow one; as when this slit-like pupil becomes dilated and oval, so as to be much longer than the original circular pupil, the patient still continues to experience benefit from the operation.

In each patient I performed a similar operation; instead of drawing the pupil directly upwards and then downwards, I drew it first downwards and slightly inwards, and afterwards upwards and slightly inwards, so that the vertical pupil is rather to the nasal side of the cornea.

CASE 1.—R. E——, aged thirty-one, a tall, thin, and rather delicate man, of temperate habits. Has never had any serious illness, but for the last sixteen months has complained greatly of debility, lassitude, and a disinclination to do any work. He suffers as often as two or three times in the week from nocturnal emissions, and feels very low and nervous. A few weeks ago he accidentally discovered that with the left eye he was unable to distinguish objects, or to read the largest type. On looking at the eye, the cornea is seen to be very conical, with a distinct small central softening. The apex is opaque. He can distinguish a hand held in front of him, but he is unable with the affected eye to count the fingers. He cannot distinguish the markings or the hands on a watch.

On the 30th of November I drew the pupil downwards and inwards, fastening it in this position by Mr. Critchett's method of tying it with a fine ligature of silk.

Dec. 3rd.—I performed a similar operation upwards and inwards.

His sight was greatly improved by this procedure. He was enabled to count fingers and to distinguish the features of friends. I saw him about three months ago; he could then count my fingers at a distance of ten or twelve feet, and with difficulty he could make out the time on my watch. The conicity has certainly materially diminished. The right eye was, however, slightly affected, requiring him to use concave glasses.

CASE 2.—W. M——, aged forty-two; a butler; a healthy but delicate-looking man, with a very anæmic appearance; married and has two children. Twelve years ago he says he could see well and read any ordinary type. He has now conical corners of both eyes; but in neither very severe. The conicity of the left is the greatest. With the left eye he cannot count fingers; but with a powerful concave glass he can do so with difficulty. The apex of the cone in this eye is slightly opaque. His object in seeking relief was that in following his employment he could not tell when he had filled the wine-glasses, and was frequently apt to pour the wine over on to the cloth. I performed an operation on this patient in January last, exactly similar to that in Case 1. Shortly after he had gone back to his situation, he wrote to me, saying that he had derived very decided benefit from the operation.

A week ago this patient called on me; and I then questioned him concerning the state of his vision. He said he thought he saw near objects better, but there was a great improvement in the way he saw those more distant. He was now able to pour out wine without spilling it; and in my presence, with his best eye (the right one) covered, he filled a wine-glass with water to the very brim without spilling a drop. He could distinguish the markings and hands on my watch. The conicity of the cornea was clearly much diminished, and the opacity had almost disappeared.

Park-street, Grosvenor square, 1860.

[*London Lancet.*]

On Fatal effects arising from enlargement of the Thymus Gland in Children.

By GEO. S. BRENT, L. S. A., London.

There has been brought under my notice, on several occasions, a fatal result from enlargement, or else non-absorption, of the thymus gland in young children. One of such instances occurred at Nottingdale, Kensington, in June last.

A child, two years and a half old, belonging to the laboring class, but well nourished, and altogether what might be termed a fine boy, died somewhat suddenly and quite unexpectedly on the 13th of June, at half-past six o'clock in the morning. The particulars of the illness and death of the child were but very imperfectly elicited. It was only ascertained that two days prior to the disease he was quite well; that on the day previously he suffered from sickness, of which not much notice was taken; and that on the next morning about three o'clock, still complaining of sickness, and in bed, he crawled away from the side of his mother, who about five o'clock sent for medical assistance. Whilst the messenger was gone the child, as stated, had two convulsive fits, and then "went off." He had not previously appeared to suffer from any difficulty in breathing.

Mr. Hemming, of Norland-place, Notting-hill, the surgeon who had been called, followed the messenger to the house, and found the child dead, without any external indication of the cause of death. On his making a post mortem examination, every organ in the body was found to present a natural and healthy appearance, except that the thymus gland was preternaturally large and vascular; it weighed an ounce and a quarter. The effect of this condition would probably be pressure on the adjacent nerves to such an extent as to irritate them, and occasion a spasm of the glottis, to which event the death in this instance was attributed.

On a former occasion, Mr. Hemming was called to a similar case, in which an enlarged thymus gland pressed upon the right recurrent nerve of the par vagum, and so appeared to have set up an irritation which resulted in spasm of the glottis and consequent death. In this case the child was erroneously supposed to have swallowed some hot water; such, however, was not proved to have been the cause of the decease. Dr. Hayne, of Camden-town, also, was the medical attendant called in a similar instance. He found in a child only twenty months old, who had died suddenly, a thymus gland weighing ten drachms, which specimen, given to me by him, I for a long time possessed, pre-

served in spirit. I have in several other instances recognized sudden deaths in children, apparently from a spasmodic closure of the glottis, to be coincident with a considerable enlargement of the thymus gland.

The thymus of the human subject increases in size very rapidly after the seventh month of foetal life, and at birth at the full period has commonly varied (as stated in the "Cyclopædia of Anatomy and Physiology") from 84 to 240 grains in weight. At nine months afterwards, according to the same authority, it is found to be about 270 grains— $4\frac{1}{2}$ drachms—in weight; at a variable time after which period it progressively declines in size. I find that Kopp states his having noticed several cases of suddenly fatal dyspnœa occurring in children in whom the gland was found of a large size, and that he concludes there is some essential connection between the glandular enlargement and the suffocative paroxysms. Dr. Copland ("Dictionary of Practical Medicine," art. Larynx and Trachea, p. 679) has remarked, however, that Mr. Hood, of Kilmarnock, was the first to direct attention to enlargement of the thymus gland and its influence in producing morbid closure of the glottis, with suffocation. But he does not even hint that the effects of the preternatural enlargement are other than mechanical—such as pressure on the veins at the top of the chest, inducing congestion and effusion in the head; and no supposition appears to be entertained by him that an unusual size of the gland is accompanied by an increased nervous susceptibility. I have been led to conclude, from the history of the cases that have come under my notice, that a correlation exists between the size of the thymus gland and the development of the brain and impressibility of the nervous system. In such instances of sudden death coincident with abnormal enlargement of the thymus as have fallen under my observation, the children have been noticed as peculiarly forward and intelligent for their ages. The work first quoted above states that "absence of the gland has only been observed in cases of acephatism, where the brain and many other parts have been simultaneously deficient." If it be true, then, that the greater size of the thymus gland has anything to do with the greater development of the nervous matter, force, or excitability, there will be a double reason why an unusual enlargement, or a non-absorption, of that body should occasion suffocative dyspnœa—namely, both from the greater excitability produced, and the inordinate pressure exercised by the gland in a state of turgidity.

Kepple street, Russell square, August, 1860.

[*London Lancet.*]

Calculus in the Nose.

By W. N. BROWNE, M. D., of Melrose.

John Corket, æt. 66, came on the morning of 20th July to consult me about a swelling of his nose, which was becoming very painful, and completely obstructing his breathing through the nostril. Upon looking at the nose, I found it very much swelled on the right side, and the ala pushed out as by some large body filling up the nostril. On further examination I found the left nostril quite closed up, and covered over by a membrane or skin, and that the right one was all but closed with a similar membrane, except at the centre, where there was a small hole,

that admitted, with some little difficulty, the end of a probe, and from which there discharged a little glairy mucous fluid, but not purulent. When a child, he had suffered from a very severe attack of confluent small-pox, and, after his recovery, his nostrils were found to be quite grown together. A great number of years ago an attempt was made by a surgeon in Kelso to open them; but the operation had not been very successful, as the left nostril had closed up entirely. The right one was closed up, all but the small orifice mentioned. On passing a probe through this opening into the nostril, it came upon a substance which felt hard, rough, and slightly movable, and which entirely blocked up the nostril, and prevented the probe going further back. I asked him how long it was since he had observed this body in his nose; and he said he thought it began to form eight or nine years ago. That was the time when he first noticed it, and then he thought it about the size of a pea, and that on putting in a large pin he could easily move it up and down; but that for some time (how long he could not say) he could not do this. I incised freely the membrane that closed up the right nostril, and then with a small pair of polypus forceps laid hold of the foreign body, and after a little difficulty extracted the calculus. It measured fully an inch and three-eighths in its greatest length, by an inch in breadth, and nearly half an inch in thickness at one point, and weighed two drachms thirty-three grains.

NOTE BY DR. SAUNDERS.—With a view to ascertain the structure and composition of this curious calculus, a transverse section was made through the posterior thicker part of it. The general surface of the section was smooth and dense, of a grayish-white color, and presented a number of irregular concentric lines, indicating the deposit of the calcareous matter in successive layers. Near the central part of the section was observed a small round body, of a dark color, and rather soft consistence, about the size of a small pea. This seemed to form the nucleus of the concretion; but it did not bear resemblance to any distinct foreign body that could have been introduced from without into the nostril; its presence is difficult to explain—a difficulty, that the chemical analysis, which shows it to consist of fatty matter and iron, does not clear up. This dark nucleus is exceedingly small when compared to the mass of the calculus. For the chemical analysis I am indebted to Prof. G. Wilson, who says—"The nasal calculus was examined by my assistant, Mr. Irvine, who reports that the quantity at disposal for analysis, consisting only of the sawings collected during the section of the calculus, was too small for more than a general examination. The calculus contained a small dark nucleus, which readily took fire when approached to a light, and blazed with a flame and an odor resembling those of tallow, but the residue did not char, and the ash left was brown. This ash, when analysed, yielded only oxide of iron, so that the nucleus of the calculus consisted apparently of some fatty body associated with iron, which may have been in a metallic state and accidentally introduced, or present in some form of combination. The body of the calculus was not sensibly combustible, and when heated did not char. It dissolved with effervescence in hydrochloric acid, and was found to consist of phosphate and carbonate of lime, with which, probably, magnesia was associated."—*Edinburgh Medical Journal*.

Investigations Concerning Hydrophobia.

From a series of returns made upon this subject, from different departments in France, during several years, and epitomized by Dr. Tardieu, in the *Annales d'Hygiene Publique*, we glean some interesting information upon the following points:—

1. *The Species of Animal by which Hydrophobia was communicated.*—Out of a total of 228 cases in which reference was made to this point, 188 were stated to have been produced by the bite of a dog, 13 by that of a cat, 26 of a wolf, and 1 by the bite of a fox. In two cases in which the bite of a cat produced the disease, one animal is reported to have become rabid in consequence of an extensive burn, another owing to its having been robbed of its young. These cases are of considerable interest, as they tend to resolve the still doubtful question of the spontaneous development of hydrophobia in other species of animals than the canine.

2. *The season of the year at which this disorder is most frequently developed.*—This circumstance was noted in 181 cases, 110 of which occurred during the hot season of the year, 71 only during the cold. There is, doubtless, a marked difference in favor of the months in which the temperature is most elevated, but it does not remain a less constant fact that no season is really opposed to the development of hydrophobia, or can render its effects less formidable.

3. *The average number of persons who escaped the malady after being bitten.*—On this point we have the records of 198 cases of persons who were bitten, in many instances by the same animal; of these, 112 were subsequently seized with hydrophobia, whilst the remaining 86 experienced no ill effects. We need scarcely remark that numerous adventurous circumstances, such as the interposition of an article of clothing to which the saliva of the rabid animal might adhere, the state of the patient's mind or health after the injury, &c., would considerably influence the results in this particular.

4. *The length of the stage of Incubation.*—In a large majority of cases this was not more than a few weeks. Out of 147 cases referred to, the period of incubation was under a month in 26, more than a month but under three months in 93 cases, whilst in the remainder the length of time occupied was from six to twelve months. The incubatory period appeared shorter in very young persons than at any other age.

5. *The length of time between the development of the disease and its fatal termination.*—On this point the statistics collected corroborate too fully the preconceived ideas, as to the rapid progress of the disorder. Out of 161 cases, death put an end, within a week, to the horrible sufferings of the patients in 158, more than one-half of that number dying within four days, even, from the time at which the malady first manifested itself.

6. *The relative efficacy of the means employed to prevent the development of Hydrophobia.*—Upon this all important portion of the subject Dr. Tardieu observes that the fact cannot be too strongly insisted upon that the only hopes of security from the fatal effects of this dreadful disease consists in immediate cauterization with the red-hot iron, and that every other method only comprises the future safety of the patient by the irreparable loss of the only moments during which the preventive treatment is applicable.

7. *Curative treatment of Hydrophobia when it has become developed.*

—Dr. Tardieu makes the disheartening statement that of all the remedies which have as yet been suggested, chloroform included, for the treatment of hydrophobia when fully developed, he has found none to have been attended with sufficiently promising results to enable him definitely to say that it will effect a cure.—*Lon. Med. Rev.*

Version without Inserting the Hand in the Uterus.

SIS,—The two communications of Dr. Braxton Hicks, published in *THE LANCET*, descriptive and illustrative of "a new method of version in abnormal labor," induce me to send you the details of the following case:—

On the 28th of January, I was summoned to attend Mrs. —, a farmer's wife, in her third confinement. On my arrival, I ascertained she had been in labor for several hours. The pains were strong, and occurring at regular intervals: the os I found dilated sufficiently to admit the forefinger; the membranes were entire. The presenting part I had little difficulty in making out to be the left shoulder, in which I considered the first position. The slightest pressure on it with the finger caused the child to recede considerably, showing the liquor amni to be abundant. Having now determined that the case could not with safety be left to nature, I resolved upon having recourse to the operation of turning; but as the time for its performance had not yet arrived, I was content to remain some time longer passive, at the same time avoiding giving a direct answer to my patient's earnest inquiry if all were right, for I knew I should encounter many difficulties were she apprized of the abnormal position of the child. On again making an examination, I found matters as I had previously left them, with the exception of the os, which had expanded to the size of a half-crown piece, and would, if required, admit with little difficulty the whole hand.

From the very great facility with which the foetus could be raised and moved about, it occurred to me that its position might be improved without either introducing the whole hand or rupturing the membranes—in short that it might be possible, without having recourse to either expedient, to bring down the head into the brim of the pelvis, so as to convert the case into a natural presentation. With this object in view, I endeavored to raise up the presenting part with two of the fingers of the left hand, while with the right I made steady pressure upon the head in the direction of from left to right. In a very short time the shoulder began to recede, but only to be replaced by another part of the child. The head could now be felt approaching slowly the mesial line. The external pressure was continued, while the fingers of the left hand were employed in guiding the head towards the pelvic brim, into which, before I had withdrawn the hand, it had entered. The case, being now converted into a natural presentation, was left to nature. In course of time a fully developed and healthy male child was born. The whole operation was completed in less than five minutes, and without knowledge of the mother—a matter of no small moment in the present instance. No doubt this mode of version was greatly favored by the peculiar circumstances of the case; and, although it may be applicable in only a very few, it seems to me by far the safest both to mother and child.

I send you the above observations, which show, as I think, that some case of malposition of the head may be remedied according to the "new method" without causing the child to perform a complete evolution, in the hope that others may be induced to record their experience on the subject, so that a proper conclusion may be arrived at regarding the merits or demerits of the "new method of version."

I remain, Sir, yours faithfully,

DAVID EASTON, M. D.

Stranraer, Wigtonshire, Sept, 1860.

[*London Lancet.*]

Treatment of Retained Placenta.

SIR,—The following case, as illustrating Mr. Pemberton's evidence upon "Extensive Laceration of the Uterus and Vagina between the Fourth and Fifth Months of Pregnancy," especially the fourth point—namely, "that any such introduction of the hand into the uterus at the period of gestation (the fourth and fifth month) was uncalled for and improper," is at your service:—

Late in the night of May 17th, 1860, I received a message that E. C. —, a farmer's wife, four months and a half advanced in her third pregnancy, was suffering pains and some amount of hæmorrhage. Not considering it necessary to visit her from the nature of the message, I prescribed a mixture of infusion of roses, with additional sulphuric acid (diluted) and laudanum, enjoining strict rest in the recumbent posture, and visited her in the morning early, when I found the hæmorrhage and pains had ceased. This state of things continued until Sunday afternoon, May 29th, when she got up and came down stairs. The result was a return of pains and flooding, which continued with more or less severity until the following day. At thirty-five minutes past eleven A. M. I delivered her of a living fœtus, about nine inches long, whose heart continued to pulsate for nearly three hours after birth. I passed my finger by the side of the funis, and found the os uteri rigid, thick, and unyielding, and was unable to touch the insertion of the cord without using more force than I thought desirable. I waited some time, and, finding neither pains nor hæmorrhage, left her, with directions that I was to be summoned if flooding occurred. I watched her carefully; no untoward symptom presented, and on the 24th, the third day after the expulsion of the fœtus, the placenta was expelled during defecation after the action of a dose of castor oil. This was attended by the expulsion of a few ounces of blood, and the patient made a most satisfactory recovery.

In this case I acted upon the advice of Dr. Blundell, than whom a more sagacious accoucheur never lived, who says: "If the placenta be retained, and the hand cannot be carried up so high as to command the placenta, *without the risk of bruising or lacerating*, leave it in the uterus; not because it is *not* an evil to leave it there, but because to leave it in the uterus is a smaller evil than to abstract it with violence, and we had better abide by the smaller evil than expose ourselves to the greater evil of lacerating, bruising or killing." See Blundell's *Midwifery*, edited by Dr. Severn, p. 407.

I am, Sir yours obediently.

J. B. CARTER, M. R. O. S.

Potter Newton near Leeds, Sept., 1860,

[*London Lancet.*]

Life and Death in London.

A poor woman solicited the magistrate's advice, stating that at nine o'clock on Monday night a child of hers died of cholera, ever since which it had been lying in the same room in which her husband, herself, and two children were living. The parish had refused to bury it, and told her to do so on Saturday with her husband's wages; but if she did that all of them must starve, and she knew not what to do. Mr. Paynter said "it was a very shocking case, as a pestilence might arise and be destructive to every one in the house, and others besides. It was very strange, but it seemed no one's duty to bury the body, and he doubted whether the parish could be compelled to do so. If it was any one's duty, it surely was theirs, but he could not compel the parish to bury it. He had no power whatever to assist her, and all he could do would be to consult the Poor-law Commissioners."—*Dub. Med. Press.*

EDITORIAL DEPARTMENT.

Colleges.

We are gratified to announce to the friends of the *Cincinnati College of Medicine and Surgery*, that the class numbers over one hundred students, and would have been larger but for the determined adherence to the announced requirements, the result of which is highly gratifying to all connected with the school, and many who have honored it with a visit.

We are sorry that we cannot report as favorably of the *Ohio Medical College*,—its unsettled condition and the unwise administration of its affairs has caused a falling off in its class, the number in attendance not being over fifty-five, notwithstanding the unpardonable attempt to monopolize clinic advantages, and the offer to take students upon their own terms, provided they would pay the matriculation fee and take the hospital ticket!

It is very evident that the profession has become tired of the intestinal feuds that have been so often witnessed in this aged and once noble institution, and that they are now determined to throw off the shackles that bound them so long to its interests; its Alumni may be found in every country; noble, generous, and in every way worthy the highest consideration of the profession and people; they have heretofore done all they could, honorably, to sustain their Alma Mater but evidently have come to the conclusion that they would no longer aid in keeping up a monopoly to the no small injury of an honorable rival.

It is well known that there is but these *two regular* Schools of Medicine in our city, that the first mentioned is young, vigorous and healthy, and is rapidly growing into favor in consequence of its *fixed and determined* principles—its gradual advance in the direction of the *recommended* requirements of the United States Medical Association—and *its liberality* towards, and friendship for, all those engaged in the *prac-*

tice of *scientific medicine*, no matter from what *honorable institution* they may come; as is evinced by a standing invitation to all such to visit and participate in the instruction of the class, as well as advising the students to attend the highly interesting and instructive lecturing of Dr. W. H. Mussey on Pathological and Surgical Anatomy, Dr. E. Williams on Diseases of the Eye, and other gentlemen similarly engaged.

The last mentioned is *old* and *respectable*, but is said to be "a cripple" and consequently is unable to keep pace with the rapid movements of the vigorous and healthy; besides this misfortune, its policy has been marked by selfishness, and what it lacked in *activity* and *ability* it has attempted to make up by *stratagem* and *force*, neither of which is calculated to *win* in this progressive age, among an enlightened people. Hence it is that this rapid decline is going on, and if persisted in must end in *dissolution*, which we shall ever regret, and sincerely hope a change may come over the dream of the *Old Lady*.

A Departure.

We had hoped that nothing would occur to bring about a state of affairs, that would, in any way, disturb the harmony that seemed likely to prevail between those engaged in like pursuits;—but we find that it is impossible to stay the raging flood and quiet jarring elements. The fiat has gone forth, "to dust thou shalt return;" the *Gods* will it, and the assassin's knife is turned upon himself, he dies by his own hand. The future will open up the mystery, if any exists in the above; mighty truth will claim her empire—the *dead*, as it were, will rise up in judgment, and testify against those who forget their allegiance and follow after a false God. The *farce* will soon be played out and then the monopolizing monster falls.

The following communication was handed us by one whose veracity dare not be impeached, and as there was a special request to publish, we cannot but comply:

Communicated.

FACTS TO BE REMEMBERED.

Harmony of the Faculty of the Ohio Medical College. 1st. In April last, Dr. Graham could not, consistent with his own self-respect, belong to a Faculty of which Dr. Blackman was a member.* 2d. On May 1st, 1860, Drs. Wright and Graham did not speak. 3d. Dr. Graham has repeatedly stated that he could not be associated with W. W. Dawson as a member of a Faculty.

It is for students of medicine to judge of the good feeling that must result from such a combination.

A STUDENT OF MEDICINE.

*See letter to Trustees of O. M. C.

INTRODUCTORY LECTURES, being the order of the day, we must give them some attention, or be considered selfish. The General Introductory to the course in the *Cincinnati College of Medicine and Surgery*, was delivered by Prof. B. S. Lawson, and was listened to by a larger number of students than was ever present on a similar occasion, notwithstanding, the Lecture was delivered two weeks earlier than usual.

In pointing out the course necessary for the student to pursue to place him in the front ranks of the profession, the Professor said:—

"Before you advance one step farther in this Temple, consecrated to the best interests of humanity, examine yourselves thoroughly in reference to the purposes of your mind on this important subject. Are you determined to do all that you can, in an honorable way, that will have a tendency to elevate the profession, and to dispel the clouds of error, by which it has been defaced, by the daring and ruthless hand of empiricism? Will you sacrifice pleasure and inglorious ease, that you may the more successfully prosecute your studies, and subserve the best interests of suffering humanity? Do your hearts beat quicker and stronger than they were wont to do, under an unconquerable ambition to place, if by any possibility you can, the flag of scientific medicine in a more elevated position than it has ever yet occupied? All who can answer these and similar questions in the affirmative, are thrice welcomed in their incipient efforts to become enrolled among the members of a most noble and valuable profession.

But if, Gentlemen, there should be, unfortunately, those among you, who are fonder of pleasure than they are of study; who prefer ease to the arduous pursuit of knowledge; who will not pledge themselves now and forever to keep aloof from the numberless resorts of dissipation, ever looming up within the range of their observation; to all such I would unhesitatingly say, *go home*, this is not the place for such a class of men, nor is medicine the science which they should dare to prosecute. We have already too many, far too many, of such excrescences hanging on to our profession, and we would greatly prefer to see the amputating knife applied in relieving us of them, than to be the means of adding to the body any more of such material, which is both supremely detestable as well as superlatively hurtful. Such men cannot but disappoint their friends and bring disgrace upon themselves and upon the healing art."

We will not attempt to describe the evident feeling of pleasure that marked every countenance while the above remarks were being made, and that burst forth in loud applause at the conclusion of the sentence.

The Professor next spoke of the requirements as set forth in the Announcement and the determination of the Faculty to adhere to them; he alluded to the rise and progress of the school; its regulations and *free tickets*; to the objector and his reasons; all of which he refuted in an able manner, and laid the gentleman upon the shelf to dry. He then spoke of the objects in view, in coming together, as follows:

"Gentlemen, we are here assembled from various portions of the civilized world, and the object of our meeting is, to teach and to be taught. The Professors will endeavor, faithfully to teach you the best known methods of preventing, curing and alleviating disease. It is no trifling or irresponsible task, to direct the undisciplined mind in the use of those materials, which, in their application tend to the restoration of health or to the destruction of life. We willingly assume this responsibility, and if you will give us your undivided and faithful attention, we will in our respective departments, present to you the solid principles of our profession, upon which, you may rear a superstructure, more lasting than brass, and more valuable than gold. The mass may court the golden Goddess, and at her shrine exhaust all their devotion, but it will be our employment and chief delight, to offer our sacrifice and adoration in the temple of Science. This temple is always open, and the richest jewels afforded by earth, decorate her whole interior, and all who enter may receive a rich reward. It will be our object to direct your footsteps as you enter her sacred walls, and it will be yours to improve all the advantages presented."

In speaking of the valuable discoveries in scientific medicine, he concluded thus:—

"You may be induced to infer that, the entire field of science has been explored, and that the precious jewels have all been appropriated by those who have preceded you. This is a very great mistake. As well may you suppose that the mighty depths of the ocean have been ploughed up and that man has become familiar with all that is therein, which can enlighten his mind or fill his soul with profound reverence for Him, who has written upon the surface of the mighty deep, that the hand that formed it is Divine:—as well conclude that the mountains have been riddled, and that every precious thing which they contain, has been abstracted by man, and the chain of knowledge which they are capable of furnishing, has received its last link:—or leap madly and erroneously at once, to the absurd conclusion, that the animal, vegetable and mineral kingdoms have all been exhausted, and there remains nothing more by which man's stock of knowledge can be increased."

In conclusion Professor Lawson called attention to the various departments of the science of medicine, and alluded, briefly, to each as taught in the school—its relative importance;—their magnitude when combined, and the beauty and harmony of the superstructure thus reared upon a foundation as lasting as the hills of time and as solid as the rock of ages; and concluded in the following eloquent style:—

"The great improvements going on in our profession, seem to point us to better and happier days, therefore, Gentlemen, let me say to you, be not discouraged, the eagle of freedom may yet perch upon your banner, and introduce you to an age, if not freed from, may nevertheless defy its ravages, on account of the reliable antidote, with which you may, with unerring certainty, neutralize its deadly venom and set the captive free. Labor on and labor ever; and from your first entrance into practice, contest every inch of the territory of life against disease and death, and should you fail to accomplish the highest object of your ambition, so act, as to be buoyed up in the last struggle of expiring

nature, with the consoling reflection, that you had, to the very best of your ability and means, discharged faithfully your duty."

Braithwait's Retrospect.

An Epitome of Braithwait's Retrospect of Practical Medicine and Surgery. Containing a condensed summary of the most important cases; their treatment, and all the remedies and other useful matters embraced in the forty volumes—the whole being alphabetically classified and supplied with an addenda, comprising a table of French weights and measures, reduced to English standard—a list of incompatibles—explanation of the principal abbreviations occurring in the pharmaceutical formula—a vocabulary of Latin words most frequently used in prescriptions, and a copious index. IN SIX PARTS. BY WALTER S. WELLS, M. D., and for sale by Vent, Starr & Co., No. 6 West Fourth street, Cincinnati, O.

We look upon the Epitome as one of the most important works now offered to the profession; it is a condensed view of one of the best journals issued; besides the matter is so arranged as to render the examination easy, and the intelligence complete. The author richly merits the thanks and general support of the profession, to which this work so justly entitles him. The six numbers before us make an addition to our library of more than *eighteen hundred pages*, each number containing over three hundred.

The arrangement is complete, and enables us to gather the opinions of others in a very short time; the binding will preserve the work an age in its present form, and should the purchaser desire it bound in larger volumes, there is special indexes for that purpose, as well as title pages; let me advise the physician and student to call at No. 6, West Fourth street, Cincinnati, and examine the work.

Transactions of the State Medical Society of Indiana.

The *Eleventh Annual Session* of this Society was held at Indianapolis, May 17th and 18th, 1860. We have but now received a copy of the Transactions. Like those of our own State, they lack the most important part of the proceedings—a *synopsis of the debates*; surely this is all wrong; it destroys the interest that would otherwise be taken in State Societies, and we lose the many valuable opinions, remarks and suggestions, that are only presented in this way; by which we are enabled, also, to determine the *real* strength and ability of the profession. A question is sprung—an opinion advanced, and a report read, all new in their present form, and sometimes very objectionable to a portion of the members; here then arises a discussion in which the *talent* and *experience* of gentlemen is measured; it will be their own; for they have been *taken by surprise*, and have not had time to borrow strength; and con-

sequently *original* and important matter is presented, that can be brought forward in no other way.

It is true we have many able *reports* printed; we are also told that "a *long* and *interesting* discussion took place after their reading"; now all this *interesting* matter is lost, some of it, no doubt, of more real importance than the report itself. It may be claimed that much is said that is wholly irrelevant and some nonsensical; this may be, but must we lose the gold because it is mixed with a useless material? surely not; besides, if gentlemen's speeches were reported, they would be exceedingly cautious, and would have them substantiated by the accumulated wisdom of the past—enriched with the experience of the present—and adorned by a prophetic vision of the future.

Why is it that the Statesman takes high rank in the nation? It is because his *speeches* are reported and sent forth to the people in every form. Why is it that the warrior stands before the world the *feared*, the *admired*, and sometimes the *worshipped* of a nation? It is because his deeds of "*noble daring*" are sent, by the swift winged messenger and the press, to every nation in every tongue. Now let us suppose that all these great *speeches* and deeds of *noble daring* were kept within the domain of their respective achievement—no historical evidence—no recorded facts—and nothing but a simple report of the meeting of Congress, containing the reports of some committee or other, made up in a cool, calculating and prosy style, and where stands our statesman? The warrior's deeds are placed in the same neglected situation—no knowledge of his doings—no argument to sustain his cause—no fire to warm up the patriotism of the people, his profession becomes a thing of necessity, is followed for gain only, and sinks to a level with any other trade or occupation—having nothing *enchanted* or *glorious* in it.

DR. BROWER's Report on the *Progress of Medicine*, it seems, brought on an interesting discussion of nearly two hours; no other notice of the debate.

DR. FISHBACK's Report on *Medical Education* was deemed of such importance that the discussion was deferred to second day, taken up, discussed, and there was an end to all but the report itself, in which we see the Doctor has adopted the word *improvement* for *reform*, which appeared so often in the report of last year; we are glad to see this; as we think, professionally, the word REFORM is even more objectionable than that of ECLECTIC—that it is a mere *common prostitute*.

DR. WETHERILL's paper on *Artificial Lactation*, caused an *interesting discussion*, and, "the thanks of the society were presented to the author"—not one word of the discussion notwithstanding its great interest.

DR. HAUGHTON's Report on *Diphtheria* was also discussed, and, although, at the very time the Report was under consideration, the disease prevailed in different sections of the country, and no doubt much of

vital importance was said upon the subject, and yet all was doomed to one common fate. Other important *Reports* were read and some *resolutions* were offered and printed, and not even an intimation of their discussion, though we have reason to believe there was some particularly on the *Resolutions* that accompanied the Report on *Medical Education* the first was rejected the second adopted. Here they are, we allow the reader to judge of the probabilities.

Resolved, That a committee of five be appointed to prepare and present to the next Legislature a bill for the protection of the community against ignorances, incompetency and carelessness of practitioners of Medicine and Surgery.

Resolved, That every member of this Society be urged to endeavor to maintain the standard of preliminary education recommended by the American Medical Association in 1847.

Will you read that first *Resolution* over again, we pause to give you time. "Well" gentle reader, do you think *that* resolution would not call up discussion, or did the society reject it without, as too palpably absurd to merit discussion? We would not be surprised if such was the fact, and if so, withdraw the complaint entered against the minutes. If that resolution had appointed a committee of five to petition the Legislator to pass an act to *protect* the *Physician* and *Surgeon* against the *ignorance, incompetency and carelessness of the community*, it would have been hailed as *sensible*; and no one could suppose that it originated in the brain of some poor Doctor, that had a general quarrel with, or some special spite at, the whole brotherhood; as it is, the case looks exceedingly *morbid* and we are satisfied the society *diagnosed* correctly and acted promptly.

The second *resolution* no doubt passed by acclamation, and we can only regret that it was coupled with one so inconsiderate and objectionable, however, we recommend it to the favorable consideration of our readers, and hope all will act in accordance with these suggestions.

DR. WEST, offered the following *Resolutions*, which we also recommend to the profession, they contain the *spirit* of our code, so far as they go, so much so indeed, that when the one is violated the other must be disregarded.

Resolved, That it is inconsistent with the spirit of our constitution, code of Ethics, and with good professional standing, for members of this Society to consult with irregular doctors of any kind, or under any circumstances, or with such regular physicians as do so.

Resolved, That it the duty of the committee on Ethics to take cognizance of all fractions of this principle by members of this Society, coming to their notice in writing.

We regret that we have not room in the present number for some of the excellent Reports that were read before the society, will give them in our next. The society meets again, at Indianapolis the third Tuesday of May, 1861, at 2, P. M.

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CINCINNATI, JULY, 1860.

No. 7.

MISCELLANEOUS CONTRIBUTIONS & SELECTIONS.

PROF. B. S. LAWSON.

Dear Sir: At a meeting of the Students of the Cincinnati College of Medicine and Surgery, held in the College building, Feb. 16, 1860, it was unanimously resolved that a Committee of three be appointed to wait upon you, and in behalf of the class solicit a copy of your estimable valedictory address, for publication in the Cincinnati Medical and Surgical News.

The undersigned, said Committee, in behalf of the class, therefore, respectfully solicit you to gratify them with a copy of said address for publication.

R. C. S. REID, }
E. M. HOWLAND, } *Committee.*
J. B. OWSBEY. }

GENTLEMEN: My valedictory address is at your disposal, a copy of which is hereby presented.

Very respectfully, yours, &c.

B. S. LAWSON.

Messrs R. C. S. REID, }
E. M. HOWLAND, } *Committee.*
J. B. OWSBEY. }

Valedictory Address.

To the Students of Cincinnati College of Medicine and Surgery.

BY PROF. B. S. LAWSON, M. D.

Gentlemen: Our course of lectures terminates to-day, and such occasions are always productive, both of sadness and of joy. We all feel sad at the thought of breaking up those pleasant relations which have bound us together during the last four months, but you rejoice in anticipation of the early hour, when you shall be re-united with the loved ones at home, and we are pleased with the termination of the arduous and responsible duties of giving instruction in that science, whose objects are the relief of human suffering, the cure of disease and the lengthening of human life to its longest possible duration. On no former occasion have I felt more sad in saying to a class farewell, than I do upon the present. Your gentle-

manly behavior, and faithfulness in the discharge of the arduous task of attendance upon the instruction and demonstrations of the professors during the session now being closed, must from necessity claim the respect and admiration of every member of the Faculty. Patent and industrious investigation has marked your course, and in your examinations, you have given indubitable evidence of faithfulness in the employment of your time. I feel assured that, in trimming the midnight lamp, you honestly determined to close your pupilage with all the honor to be attained by industry and perseverance. But the daily task, the nocturnal vigil, have often discouraged you, and for the moment the accomplishment of your desires seemed almost beyond the bounds of possibility. But despite discouragement and threatening storms, like men, you arose from your chair of despondency, with a resolute determination to pursue your course, until the praiseworthy object of your ambition should have been attained. It certainly requires great zeal and determination of purpose, to spend months and years, in undivided attention to the investigation of a subject so boundless and difficult, as is the science of medicine. The ultimate object of your pursuits, to a very great degree, depends entirely upon your own exertions, and if you continue, as you have begun, there is every reason to believe, that in old age you will be laden with both the emoluments and honor of the profession.

You have entered a profession, the majority of whose members are inadequately educated, both in a literary and scientific point of view. It is your duty not to increase this majority, and it certainly should be your ambition to enrol yourselves among the respectable minority:—respectable, on account of their high attainments in many departments of learning: you should place your standard high, and determine on reaching it. You will be very apt to select some one as an object of imitation, and upon this selection, to a very great extent, will you be indebted for the character which will be subsequently formed. This is characteristic of human nature, for we instinctively imitate some one. If our model be from among the poor in professional attainments, we may never expect more than to fill the measure of our own selection. Let your model be from among the learned, the industrious, and the ambitious. Let your motto be, "*Cæsar aut nihil*" In the truthful language of Prof. Drake, "If you do not open your eyes to the lethargy into which so many of our brethren have sunk; if you do not cherish a livelier and purer taste for accurate learning than theirs; if you do not feel ashamed of gross illiteracy, superficial science, intellectual indolence, and contented mediocrity, you are ruined. I beseech you, Gentlemen, to form a resolution—now, at this moment,—that you will not add to the number of those who drag down our beloved profession, but of those who are toiling to raise it into the pure, upper regions of truth and beauty." To carry out successfully this resolution, will require much reading and observation. Resolve upon making daily additions to your already accumulated professional knowledge. It is very difficult, if not impossible, for a physician to pursue his studies systematically in reference to time, but every one may devote a part of each day for reading, when no professional engagement shall prevent. Close communion with our best authors, will make you familiar with the phenomena of disease, and with the most approved and successful practice. Now, when you are just about entering upon the practice

of your profession, you can scarcely have acquired more than its elements. You have been employed in laying the foundation, upon which, in the future the superstructure is to be reared ; and I trust that that foundation is both wide and deep, and that each of you may erect upon it a monument that shall hand down your names to future generations, on the tablet of which are indelibly engraven the names of the great and distinguished men, by whose noble efforts the science of medicine has been classed among the most learned professions. When your hours of study are treasured upon by professional engagements, supply the loss, as far as practicable, by the sacrifice of pleasure. The study of medicine makes a peculiar demand upon the most energetic and persevering use of our best faculties, both of body and mind. I beseech you, Gentlemen, yield to this demand, for there is not to be found, on the face of the earth, a nobler spectacle, than that of a national being, devoting himself with patient, earnest perseverance, to the cultivation of his physical and mental powers, that they may be employed in the discharge of duty. Toil on ; be not weary in the exercise of the powers and opportunities which are given you for use,—let none of them run to waste ; for to be indolent, is to be ungrateful. Whilst in the conscious performance of duty, you will be content ; and in blessing others, you will be blest.

Before leaving the subject of systematic study, permit me, Gentlemen, to recommend to you the faithful and prayerful perusal of the word of God. From the light of nature, and the exercise of our own reason, we obtain irresistible proofs of the divine benevolence, and that God made man to make him happy : or, to express it more clearly, that human happiness is the will of God. We hold this proposition to be true, but at the same time, affirm, that he has willed it to be attained by a course of virtue. In the language of the learned and excellent Dr. Good, “ God is the author, happiness the end, and virtue the means.” We will not stop here to argue this question, but take it as an acknowledged fact, and further add, that, inasmuch as the divine Being has benevolently willed the happiness of man, and made virtue the medium of that happiness, that therefore, upon the same principle of benevolence, he should have declared his will more openly than through the mere inferences of nature ; and we affirm that, what, as our God, and as our Creator, he ought to have done, he has actually accomplished, He has declared His will in the book, called the Bible, which is the oldest, as well as the best book, owned by a son or daughter of Adam. It is nothing more nor less than His written law to the sons of men, and He has enforced it by the strongest sanctions to which the mind of man can be opened, not only by his best chance of happiness here, but by all his hopes and expectations of happiness hereafter. Thus has he completed the code of human obligations, by adding to the duties which we owe to our neighbor and to ourselves, an unmistakable statement of those we owe to Himself. It is this divine volume, Gentlemen, laden with such invaluable treasures, that we ask you to read, to *study*. An acquaintance with its contents, and an obedience to its commands, will lighten the burdens and increase the joys of your professional life.

I will present the following facts as an apology for thus earnestly recommending to you the study of the divine volume. “ Sir W. Jones, a most accomplished scholar, who had made himself acquainted with eight and twenty languages, has left it on record, that amidst all his pursuits,

the study of the Sacred volume had been his constant habit. Sir Isaac Newton, the greatest of mathematicians, was a diligent student of the Bible. Mr. Locke, a man of distinguished acuteness in the study of the human mind, wrote to recommend the study of the New Testament, as having "God for its author, salvation for its end, and truth, unmixed with error, for its matter." Milton, the greatest of poets, evidently had his mind most deeply imbued with the study of the word of God. Boerhaave, eminent as a natural philosopher, spent the first hour of every day in meditation on the sacred pages. Here, no man can say that he has not leisure; a most beneficent institution of our Creator has given us, for this duty, a seventh part of our time, one day in every week, one whole year out of every seven." *Buller's Hints on the Pursuit of General Knowledge.*

The responsibilities of the profession should be seriously considered by every one previous to entering upon the practice. It is not to be contemplated as a mercantile transaction, in which he is considered the most honorable, who accumulates the greatest amount of money, or who makes the greatest show in the fashionable world. Our calling is one of far greater obligations, and its mission, more humane and exalted. The sick room is the theatre of our action, disease in its ever varying form, is the foe with which we contend, and health or death puts an end to the conflict. How often do we see the beam of life and death so nearly balanced, that it turns, according to the more or less of skill that can be cast into the scale of life. If we could distinctly perceive all the issues that are involved in the life or death of any man, the anxiety of ignorance, at such a time, would be intolerable. On such an occasion, the issues and responsibilities are manifold, affecting not alone the fate of the sufferer (though that may be the most important consequence of all,) but also the condition and prospects of all those who depend upon his labors for the things which are necessary for their earthly comfort and enjoyment. And now, that all is permitted to depend upon the skill of one man, conceive that one man to be yourself: what would be your remorse, if, when in their confusion and distress they look to you, you feel as helpless as themselves, utterly unworthy of the confidence with which they still lean on you, your hand paralyzed by the fear of ignorance, your mind confused in that half-knowledge, whose glimmerings only show that more skill might save the dying man. Yet this must be the remorse of every one who will neglect the study of his profession, and yet dare to undertake its responsibilities. I cannot, Gentlemen, conceive of any boldness greater than that, which would cause a man to assume a charge of such immense interest, when from the neglect of the study of his profession, he had rendered himself inadequate to the faithful discharge of the duties now devolving upon him; nor is their a more praiseworthy ambition, than that which strives to emulate the acquirements of those who are daily occupied in giving safe guidance through the perilous passages of disease, and who, in all these various difficulties and dangers, can act with the energy and calmness that are the just property of knowledge. Such, gentlemen, is a feeble, very feeble allusion, to the responsibilities of our noble profession. Suppose, however, that under the circumstances which have so severely tested your professional attainments, you should prove yourself every way qualified for the task, and that through your skill, the scale of life should preponderate, what joy can equal that which fills your soul, when you see the crystal tears of gratitude chasing each other in quick succession

down the cheeks of the rejoicing friends, and hear the expressions of praise and gratitude for their deliverer in time of peril gash warm from the inmost recess of their souls?

Piety in a physician is certainly most praiseworthy as well as most lovely. Men possessed of high literary and professional attainments, and who have superadded, the still higher character of sincere and consistent christian philosophers, do honor to the profession of medicine. Piety was exhibited by Dr. Good in his intercourse with his patients; "for in prescribing for an intricate disease, he was in the habit of praying for Divine direction; or administering a medicine himself, he was known frequently to utter a short ejaculatory prayer; and, in cases where a fatal issue was inevitable, he most scrupulously avoided the cruel delusion too common on such occasions, and with the utmost delicacy and feeling, announced his apprehensions."

As an evidence of his devotional character, I will take the liberty of presenting you the following, bearing date July 27th, 1823, as worthy all commendation.

"FORM OF PRAYER.

Which I propose to use, among others, every morning, so long as it may please God that I shall continue in the exercise of my profession, and which is here copied out, not so much to assist my own memory, as to give a hint to many who may perhaps feel thankful for it when I am removed to a state where personal vanity can have no access, and the opinion of the world can be no longer of any importance. I should wish it to close the subsequent editions of my "Study of Medicine."

"O thou great Bestower of health and comfort! grant thy blessing upon the professional duties in which this day I may engage. Give me judgment to discern disease, and skill to treat it, and crown with thy favor the means that may be devised for recovery; for, with thine assistance, the humblest instrument may succeed, as, without it, the ablest must prove unavailing.

"Save me from all sordid motives; and endow me with a spirit of pity and liberality towards the poor, and of tenderness and sympathy towards all; that I may enter into the various feelings by which they are respectively tried; may weep with those who weep, and rejoice with those that rejoice.

"And sanctify thou their souls, as well as heal their bodies. Let faith and patience, and every christian virtue they are called upon to exercise, have their perfect work; so that in the gracious dealings of thy spirit and of thy providence, they may find in the end, whatever that end may be, that it has been good for them to have been afflicted.

"Grant this, O heavenly Father, for the love of that adorable Redeemer, who, while on earth, went about doing good, and now ever liveth to make intercession for us in heaven, Amen. How noble and excellent does it appear in a man of such literary and scientific attainments as was Dr. Good, to see him humbly acknowledge in word and deed the superintending providence of the great—the eternal God. How contemptibly insignificant does the profane, blaspheming, infidel physician appear, when contrasted with such men as Boerhaave, Haller, Mead, Rush, Godman, Good, etc. etc. These latter, Gentlemen, are the specimens which I would present to you as worthy of your imitation, and as you desire peace and

a good conscience whilst here on earth, and a happy and peaceful termination of your earthly career, I exhort you to walk as they walked—in close communion with their God while in the daily performance of the many and arduous duties which devolved upon them.

Your profession, Gentlemen, is one of great activity and calls for constant employment of both body and mind. If you would gain a respectable position on the hill of science, it must be done by great industry and perseverance. You must undertake much, if you would accomplish much. With great energy, and established habits of *order* and *activity*, you may perform an amount of both mental and physical labor, which under other circumstances would appear impracticable, and would, in truth, be impossible. It is impossible for a man to know how much he can do, until he tries, or how much his mind and body can endure, until he puts them to the test. The late Dr. E. D. Clarke, said, "I have lived to know the great secret of human happiness is this,—never suffer your energies to stagnate. The old adage of "too many irons in the fire" conveys an abominable lie. You cannot have too many; poker, tongs, and all—keep them all going." Instead of having too many irons in the fire, the greatest danger to be apprehended is, that you will have no fire kindled on the altar of literature or science in which to put a single iron. In my judgment it is better to have some burnt, than that none should be heated so as to be useful. By observing Mr. Mason's "Rules for Students," viz: that for eminence and success in literary pursuit, "five things are necessary, viz: a proper distribution and management of his time; a right method of reading to advantage; the order and regulation of his studies; the proper way of collecting and preserving useful sentiments from books and conversation; and the improvement of his thoughts when alone." Perseverance in practising these rules must cause you to excel, and make you eminent in all that you undertake. "In these five particulars it is said that Dr. Good greatly excelled; and that his eminence as a scholar, philosopher, linguist and physician was, no doubt, the result of his perseverance in practising them, rather than of any extraordinary originality of genius, or splendid endowments of nature. From the following extract, you may form some idea of the variety of occupations in which he was engaged, as well as of his splendid literary and professional acquirements.

"Hence we find him at one and the same time engaged in acquiring several distinct languages; translating largely from others; editing and sustaining reviews; contributing to other periodicals on various and distinct branches of polite literature; preparing for the press original works; enriching his common-place book with "elegant extracts," the result of his immense reading, besides daily performing the arduous duties of a general practitioner, to an extent of which many would have complained, though they had no other occupation; and which thousands make a sufficient apology for neglecting to read even the professional improvements of their own time. His great work, "The Study of Medicine," the British Medical Reviews pronounce "beyond all comparison the best of the kind in the English language," and its author, "one who could devour whole libraries."

Such, Gentlemen, is the character which I would select as a model worthy of your imitation, and if you will follow it to some good degree, you cannot but be an ornament to your profession and to all the relations

you sustain in life. You have selected a field of labor, in which you may perennially reap a rich harvest, and by the faithful cultivation of which, you may lay up treasure, which will not only crown your own heads with honor, but will entwine around the brow of science an immortal amaranth—the flower which never withers.

Ours, Gentlemen, is a time honored profession, a science coeval with the race of man. The great philosopher, Plato, who presided over the Academy of Athens, and died at the age of eighty-one, about three hundred and forty years before the Christian Era, says, “a good physician is only second to God himself.” The Athenians gave evidence of their elevated conception of the science of medicine, in the fact, that slaves and women were prohibited the study of physic. Who are Athenians now? Cicero, the orator, three hundred years later, uses this significant language, “nothing brings men nearer the Gods than by giving health to their fellow creatures.” “When three thousand years ago, Machæon was wounded by Paris at the siege of Troy, the whole Grecian army showed an interest in his recovery. Even Achilles, brooding over his wrongs in sullen retirement,”

“His friend, Machæon, singled from the rest,
A transient pity touched his vengeful breast.”

And accordingly he sent Patroclus to enquire after the “wounded offspring of the healing god,” then under the protection of the experienced Nestor, who observes

“A wise physician, skilled our wounds to heal,
Is more than armies to the public weal.”

The contributions made to literature and science have placed the profession in a high position before their fellow men. The learned Parr says, “I have long been in the habit of reading on medical subjects, and the great advantages I have derived from this circumstance is, that I have found opportunities for conversation and friendship with a class of men, with whom, after a long and attentive survey of literary characters, I hold to be the most enlightened professional persons in the whole circle of human arts and sciences.” Hear what Pope says, “there is no end of my kind treatment from the Faculty. They are in general the most amiable companions, and the best friends, as well as the most learned men, I know.” Listen to what the author of *Rasselas* says, “I believe every man has found in physicians great liberality and dignity of sentiment; very prompt effusions of beneficence, and willingness to exert a lucrative art, where there is no hope of lucre.” This is, Gentlemen, praise of the highest character, and it is as richly deserved, as it is apparently extravagant. It is now no uncommon thing to hear our profession decryed—to hear it called a poor profession, a degraded profession; but, as observes the learned Williams, “poor it may be, slighted it may be, but degraded it cannot, shall not be, so long as its foundation is science, and its end the good of mankind.”

With such proof (and a vast amount more of the same kind might be adduced if necessary) of the high estimation in which our science has always been held, I hope, gentlemen, that you will be stimulated to make yourselves honorable members of the profession, and by your words and actions ever labor to sustain the character which it has had from the time that the first page of its history was written, down to the present moment.

Lavish as mankind has been in encomiums on the members composing the medical fraternity, still we have by no means escaped the tongue of slander and bitter reproach. Look at the immortal Harvey, immortal for having discovered the circulation of the blood; was he not treated with contumely, and often with ridicule? This, however, is true in regard to almost all who are so fortunate as to outstrip their cotemporaries in search after truth. Harvey, we are told, lost his practice on account of his discovery; but his name outlived his day, and he placed upon the brow of our profession a wreath of honor, which time can never cause to wither. An eloquent writer, in the 94th number of the *Edinburgh Review*, when adverting to the treatment of Harvey, observes that the discoverer of the circulation of the blood—a discovery which, if measured by its consequences on physiology and medicine, was the greatest ever made since physic was cultivated—suffers no diminution of his reputation in our day, from the incredulity with which his doctrine was received by some, the effrontery with which it was claimed by others, or the knavery with which it was attributed to former physiologists, by those who could not deny, and would not praise it. The very names of these envious and dishonest enemies of Harvey are scarcely remembered; and the honor of this great discovery now rests, beyond all dispute, with the great philosopher who made it.

Again, observe the history of Edward Jenner, of England, to whom the world is, and will eternally be, indebted for his discovery of vaccination as a preventive of smallpox—a discovery most interesting to medical science, and full to overflowing with benefits to mankind. "In the commencement, he had to encounter difficulties, and to resist various attempts, open and disguised, to despoil him of his well earned laurels."

After he became "entirely satisfied of the accuracy of his conclusions, he resolved to lay them before the public through the *Transactions* of the Royal Society of London. That learned body, however, placed such slender confidence in his representations, so extraordinary did they appear—that his paper was returned, with a friendly admonition to withhold it from the press, lest it should injure his reputation. Happily, the advice was not followed, and in 1798, he published his great discovery." From this period, vaccination came progressively to be diffused throughout the civilized world, meeting, in different countries, various degrees of resistance, according to the extent of prejudice against it, or the inefficiency in its behalf.

More at home, however, than elsewhere, was it assailed by vulgar or illiberal abuse, pretty much in the mode previously pursued in regard to inoculation. Conspicuous among the anti-vaccinists was Mosely, advantageously known by his writings on tropical diseases, whose hostility amounted to fanaticism. Determined in his opposition from the first to the practice, he ultimately issued a small tract on the subject, in which, amidst other extravagant absurdities, he ventured the prediction that, "by the influence of bestial humors, imparted in the process, the human form divine would become degenerate, and another brood of Minotaurs produced."

"*Semibovemque virum, semivirumque bovem.*"

In these two cases, we have illustrated the great achievements for which medical men in all ages have been remarkable, and likewise, the

reception with which their discoveries have been met. Such men never yield to opposition, but with a love of truth and science uppermost in their souls, they fearlessly risk reputation, friends and fortune. Go, thou, Gentlemen, and do likewise.

The science of medicine affords ample scope for the full development of the whole man—body, soul and spirit. All his energies may be actively and incessantly employed in exploring the richness of its gems, and the longest life time is far too short to fathom its mighty depths or reach its dizzy heights. No one need fear to enter into this field lest there should not be ample scope for the constant and profitable employment of all his faculties. In reference to our knowledge of all the natural sciences; we are as yet but as children playing with pebbles on the ocean's vast and boundless shores. The development of a new truth only opens an avenue to another and another, and so on to an endless number and variety. How long was the profession in utter ignorance in reference to the circulation of the blood, and after that fact was demonstrated, what a field was at once opened to the anatomist and physiologist. How has our science been enriched by this single discovery, and yet how much remains to be developed before the anatomist and physiologist can fold their arms in rest, because there is no more unknown in their respective departments. What a field for delightful and valuable investigation is opened to the diligent student in the single department of natural history. Mineralogy and geology are yet in their infancy, and have not been neglected, but the untiring zeal of the profession has very greatly assisted the human mind to advance in the road of philosophic investigation, and useful discoveries. The investigation of zoology, comparative anatomy and physiology, have contributed very largely to the elucidation of the arrangements and functions of man's organization, and the sum of our knowledge on this important subject, is due to the intelligence and untiring zeal of members of our noble and dignified profession. In the single department of cerebral anatomy and physiology, what an exhaustless and incalculable amount of useful matter has been spread, by the liberal hand of science, before the ever-anxious and restless enquirers after truth. Though the discoveries of Drs. Gall and Spurzheim have been designated "the vagaries and whimsicalities of phrenology," I hesitate not to express it as my firm conviction, that their labors have shed more light on the science of mental philosophy, than all that had been done before them. Previous to their discoveries, how dark and unsatisfactory was this field, called metaphysics! Were there no vagaries and whimsicalities within its borders? yea, verily, if any where, they were to be found, here more; and if confusion doubly confounded is in any department of scientific research to be found, it is in the department called metaphysics. Whether phrenology be false or true, I stop not here to enquire, but I hesitate not to express it as my firm conviction, that it will ultimately do more to improve our system of education, than anything heretofore brought to bear upon this most important of all subjects.

To these, and kindred subjects, Gentlemen, I call your attention, not for the purpose of discussing any one of them, but rather to lay before you the *mighty themes* upon which medical men have been, and now are, devoting their time and talents; and though so much of both has been thus faithfully and zealously devoted, yet not one subject has as yet been exhausted or perfected; but science and humanity still cry aloud to us

all to enter the field, and carry on the noble work, committed to our hands by our worthy and untiring predecessors and co-laborers. To withhold our humble efforts will be disgraceful to us as men of science, and ungrateful to Him, who has so richly endowed us with faculties capable of successfully interrogating nature and drawing from her inexhaustible resources the means of richest blessings to mankind, and unanswerable arguments in behalf of His mighty power and unspeakable goodness.

You are, Gentlemen, enroled among working-men; you have assumed an arduous but honorable undertaking. No profession is so tasked, as is yours, none comprehend so extensive a field, and none has so little time to devote to idleness and ease. Even your recreations should be made subservient to the advancement of your noble science. This is no place for drones though now and again one will creep in, but he will ever feel mean, when he reflects that he is living upon the food prepared by the industrious and persevering. There are parasites in the vegetable and animal kingdoms, and there are also parasites attaching themselves to the medical body, and subsisting at its expense, but as the *pediculus humanus corporis* is disgusting and annoying to the human body, and is gotten rid of as soon as it can be done, so ought these *pediculi medici corporis*, be mechanically dislodged or poisoned with some highly medicated ointment. The road up the hill of science, is not a smooth unbroken plane, but is rugged and steep, now and then beset with almost impassable cliffs, and to be ascended only by the industrious and persevering. However arduous the undertaking may appear, rest assured that it is not impracticable. You must work, and work hard and work constantly, if you would reach the far distant peak of honorable distinction. Be not disheartened by difficulties, for whatever may have been surmounted by others, may be surmounted by you, provided you employ the same means used by them.

No one step in life is more difficult than the next, and one being made, you are better prepared to make another, and each one is bringing you nearer to the wished for goal. It has been truly said by some one, that effort is the price of success in every department of human action. From the attainment of rudimental knowledge, to the salvation of the soul, every step in progress is made by undaunted toil. The boy drones over his book, a slave to listless laziness, thereby securing to himself a place at the foot of society. The Christian, who, like Bunyan's Timorous Trust, flees at the voice of lions, is undone. The man who shrinks from difficulty in his business or profession, who refuses to climb because the rock is sharp and the way steep, must make up his mind to slide back, and to lie in the shadows below, while others use him as a stepping stone to their own rising. For this (such is the constitution of society) there is no help. The poet wrote truly, who said—

"Thou must either soar or stoop,
Fall or triumph, stand or droop,
Thou must either serve or govern;
Must be slave or must be sovereign,
Must, in fact, be block or wedge,
Must be anvil or be sledge."

To shake off an indolent spirit, or stir one's self to exertion, to reach constantly upward, to struggle with a firm foothold on the most slippery

places, to wrestle manfully, even when principalities and powers are our^r foes, to refuse submission to any evils, however frowning, are condition^s we must either fulfil or sink to littleness, to uselessness—perchance to ruin. Therefore, with a brave heart and unconquerable spirit, every man should address himself to the work of the day; striving with pure views and religious trust for an increase of his talent, and for a victory, which shall enable him to stand unabashed in the last day. He who strives, need fear no failure. His triumph, though delayed for a time, shall come at last.

Need I, Gentlemen, say more, in order to stimulate you to a faithful performance of the arduous and responsible duties in which you are about to engage? Can it be necessary for me to admonish you to keep yourself aloof from the gambler's retreats, from the tippling-shops and the thousand and one sinks of dissipation, into which the incautious and unsuspecting are so likely to be engulfed? Gentlemen, may I hope not?—may I be assured, that your moral character is too well established ever to be enticed into those meshes, woven and set for the destruction of just such persons as you are?—the youth of our land, the pride of their friends, and the hope of our country. Yield not to the first temptation to stray from the path of virtue, for by so doing you will maintain the purity of your youth, and thus enjoy unalloyed bliss, growing out of a consciousness of being faithful in the discharge of all the moral obligations, under which our Father in Heaven has placed all His intelligent and accountable creatures.

Gentlemen, you are now on the eve of your departure to your respective homes, there to be greeted by the smiles and caresses of your friends, and the kind salutations of your neighbors. Before bidding you farewell, permit me to caution you against every thing that is dishonorable and unprofessional in the practice of your noble calling. How fearful is the responsibility involved in so sacred a trust. The issues of life and death will be in your hands. Ties of dearest affection may be severed by ignorance, negligence or rash presumption. A conscientious appreciation of your obligation, to yourself, to your fellow man and to your God, will direct you in the avoidance of these and every other disqualification. Give your time and talents conscientiously to the study and practice of your profession. In time of peace, make abundant preparation for war:—in other words, when it is healthy, lay up, by close study, that information which will enable you successfully to attack disease. When called to a case of great and imminent danger, it is too late to call for Dick to bring you your books. For the want of them, or the information they contain, you may be the means of sending your patient to an untimely grave. Suffer not yourselves ever to be satisfied with present attainments. Remember that;

“A little learning is a dangerous thing,
Drink deep, or drink not of the Pierian spring;
For shallow draughts intoxicate the brain,
And drinking largely, sobers us again.”

With an eager zeal for improvement in the knowledge of your profession, go forth on your errands of mercy; and may the Eternal One bless your labors, and constitute you messengers of good to all for whose maladies you may prescribe, and may thousands arise from beds of disease and call you blessed!

[For the Cincinnati Medical and Surgical News.]

Case of Pneumo-Hydro Thorax.

By D. H. RALSTON, M. D., MARTINSBURG, OHIO.

Wednesday, May 2d, 1860.—Dr. A. C. Scott, of Bladensburg, Knox county, Ohio, was summoned in haste to visit A. D., a young man, aged 18 years, with vigorous constitution, and powerful muscular development, beard heavy as usual at majority, weight about 160 pounds, and found the case presenting the following symptoms, viz. excruciating pain in the right hypochondriac region, laborious breathing, frequent pulse, almost constant cough, nausea with occasional vomiting; lower extremities were strongly flexed upon the body, and head and shoulders bent forward (it being impossible to assume any other position); tympanitic sonorousness on percussion. On inquiry, the Doctor learned that he had been attacked about four months previous with pleuro-pneumonia, so slightly, however, as to create, at the time, no apprehensions of danger, and was trusted to his *vis medicatrix nature*, with some simple domestic remedies, and perhaps a bottle or two of some patent nostrum. His cough continuing, began to excite the apprehension of his friends, but had not been sufficient to prevent him from performing moderate labor. About three hours previous to the visit of the Doctor, he was engaged in burning logs in a field, when, on a severe fit of coughing, the above symptoms were presented.

Prescribed the usual antiphlogistics, with *veratrum* and blisters.

On the day following, the diagnosis being unsatisfactory, at the request of Dr. Scott, Dr. Burr, of Mt. Vernon, was called in consultation. Nothing new was discovered, and the treatment was continued. On the Sunday following, Dr. Scott discovered a peculiar metallic ring, similar to that produced by percussing the hand, with the palmar surface pressed firmly on the ear.

On Tuesday, the writer visited the patient, at the request of Dr. Scott, and became associated with him in the treatment of the case. *Our diagnosis at that time was pneumonia, with hydro-thorax. Prognosis unfavorable.

The day following, Dr. Russell, of Mt. Vernon, was called, at our request, in consultation. The foregoing symptoms being still present, he suggested that the cause of the metallic tinkling was the presence of air in the thorax, with which suggestion we fully concurred. Prescribed rest, with continuation of the antiphlogistic remedies and paracentesis thoracis, in case dyspnoea should increase, and death should be threatened by suffocation.

Saturday morning, at 4 o'clock, the 19th of May, he expired, after a night of tolerable rest, without any apparent increase of the anticipated dyspnoea, merely uttering a groan and died.

Autopsy, May 19, 1860, at 10 o'clock P. M.—External appearances: Fullness of the chest and abdomen, with tympanitic resonance on the right side, extending from the clavicle to the pelvis. The gastric and umbilical regions presented a dull, flat sound. The left side was more dull than the right, retaining some slight degree of resonance. A trochar was inserted in the right side, and a lighted candle being held near to it was quickly extinguished, and the ignited wick blown off, and on

applying a second candle, the flame was disturbed by the current, which was not sufficient to put it out. On opening the chest and abdomen, the viscera was found to occupy the left side, the right lobe of the lungs being pressed entirely past the spinal column posteriorly, and the center of the sternum anteriorly, and compressed to less than one-fourth its normal size. The liver occupied the umbilical region and enough of the surrounding regions to contain a normal liver. The cavity on the right side extended from the clavicle to the pelvis. The pleural surface was covered with an adventitious membrane and a sero-purulent matter. The cavity contained about two quarts of sero-purulent matter. In the right lobe of the lungs, five or six apertures were discovered, which communicated with bronchial tubes, one of which was triangular in shape, and three-fourths of an inch from the extremes of the angles in length; another was round, with appearances of granulations, and an effort to repair the breach. The others were longitudinal, and from one-fourth to half an inch in length. The lung presented gray hepatization, in a large portion of it. The pericardium contained about four ounces of serum; the heart was normal; the left lung was partially hepatized, in the lower portion of it. The spleen would weigh about one and a half pounds. The colon presented evidences of recent inflammation. The viscera were not further examined.

Query! Was it the pressure of the air in the thorax, upon the diaphragm, which gave rise to the severe pleuritic pain in the hypochondriac region? If so, would benefit have resulted from an opening in the chest, kept open by a silver tube constructed with a valve so as to permit the egress, but not the ingress of air through it?

[To the above questions we answer, No! We should suppose that the pain was the result of inflammation and lesion of structure, in the first place, and the gas in the thorax a secondary matter, that might increase the suffering and hasten the death of the patient. If the *post-mortem* had not revealed sufficient *disease* to produce death, and the gas present, then the *tube* might have been beneficial.—Ed.]

On the Curability and the Treatment of Pulmonary Phthisis and Tubercle.

At a meeting of the Imperial Academy of Medicine, Oct. 15, M. Piorry commenced the reading of a memoir "On the Curability and the Treatment of Pulmonary Phthisis and Tubercle." He did not, however, finish.

"Is the symptomatic collection to which authors give the name of *pulmonary phthisis* susceptible of cure? This question must be answered affirmatively. But in our day it is not a question of stating whether *phthisis*, considered as a disease, may be cured, but of determining if tubercles, having their seat in the lungs, are susceptible of being removed, or at least of becoming inoffensive; it is in this point of view that I shall consider the question. For a long time tubercles have been considered incurable. It is our illustrious Laennec who first established the possibility of their cure. I have published numerous observations which put

this opinion beyond a doubt. Besides, we have every day examples of cure of certain organs attacked with tubercles, (lympathic ganglions, vertebra, articulations, testicles. etc.)”

After having established the curability of tubercles, M. Piorry examined the series of means of treatment which rational medicine must oppose to the accidents united under the name of pulmonary phthisis.

“Before all,” said he, “the regimen must be regarded as the preservative, palliative and curative means *par excellence*. The first indication, in order to combat the tuberculous state, is to nourish the patients. The alimentation ought to be rich and abundant so long as the ingested articles do not produce diarrhea, which may weaken more than the food can repair. In order to reconstitute the blood, to remedy its discoloration or loss of globules, the least irritating ferrugineous preparations must be given—as, for example, the iron by hydrogen—save in cases of hæmorrhage or mucous diarrhea. The second indication is to evacuate the fluids which may obliterate the bronchiæ. For this purpose we administer tartar emetic and syrup ipecac. There are still two simple means which have been of extreme utility for several of my patients: the first is the inhalation of the vapor of the infusion of the elder tree, or the flowers of mallow; the other consists in provoking *slowly a very profound or deep inspiration*, which is to be followed by a *very quick, energetic expiration*. This should be so managed by the patient, that the air passing out should carry before it the liquids contained in the air passages. The first of these means moistens and softens the too thick sputa, and the second provokes its expulsion. Another pressing indication is to prevent the putrefaction of the secretions in the tuberculous cavities, and to prevent the absorption of the pus or pyoid matter which accumulates in them. It is these matters which, penetrating the circulation, produce hectic fever, night sweats and the rapid weakening of the patient. It is to prevent these accidents that it is so necessary to make the patient expectorate, as has been already said. To prevent the putrefaction of the secretions, the inhaling of the vapors of alcohol are agents of the first order. The putrefied secretions, not only in relation to their absorption, but numerous facts have led me to believe that they produce, by their presence on the gastro-intestinal membrane, diarrhea, softening and even ulcerations; it is then extremely useful, in order to avoid tubercular inflammations, that the secretions should be expectorated, and by no means swallowed. I have seen diarrhea arrested when they have avoided the deglutition of expectorated tuberculous matter. It is of the greatest importance to arrest the evacuations from the bowels and skin, which so much weaken consumptives; but there are extreme difficulties in fulfilling this indication. The only means truly efficacious are, the washing out the large intestine with water by the aid of the irrigator of Equisier; of preventing, as has been already said, the deglutition of the expectorated matter; of preventing the altered pus from remaining in the cavities and thus causing pyemia, which is soon followed by diarrhea; of giving but small quantity of drinks, and of choosing among the aliments those which—as albumen, etc.—do not cause, in general, very liquid stools.—Milk for consumptives is an excellent article of food. It does not cause diarrhea, if care is taken to reduce it one-fourth by prolonged boiling. As to the sweats, the best means of lessening or combatting them is to see that the patient is not covered with heavy clothes, and that he breathes

a pure air, frequently renewed and properly warmed: Is there any medication which can act usefully on the indurated masses in the divers degrees which surround or repair tubercles? Some thousands of facts collected in the wards of La Pitie and Charite permit me to solve this question. It is no longer doubtful that the preparations of iodine, administered in fumigations, portions of frictions, etc., do modify very advantageously the destructive process of tuberculization. Under the influence of the iodine medication, combined with profound and reiterated inspirations, I have seen tuberculous indurations diminish in extent, the symptoms of the disease amend very sensibly, the appetite return, the action of the heart increase in force, and the adipose tissue increase. I have seen this relief persist for months and years in certain cases. But it must be avowed that the number of radical cures is very small, and I can only recall a dozen of veritable solid cures. Some persons have opposed the iodine medication in the treatment of phthisis; this is evidently owing to the fact that this precious remedy has not been employed by them in the most advantageous manner. Some have attributed to iodine the production of inflammation of the mucous membrane of the nares, pharyngitis, etc., softening of the tubercles, and the hastening of the fatal end; analogues to those of phthisis, which cease if we stop the remedy. I fear that some may have confounded, from an incomplete diagnosis, the effects of some accidental or secondary complication—such as a pleuritis—with the phenomena the results of the employment of iodine. I have followed my patients with great attention; they have been numerous, and I have never witnessed any such results.”—*Southern Medical and Surgical Journal*.

MEDICAL CONVENTION.

Report of Medical Teachers at New Haven.

June, 1860.

D. CROSBY, M. D., President, in the chair. E. A. JOHNSON, Secretary.

The minutes of the Convention at Louisville, were read, and on motion, a list of the delegates were made out. Only 21 schools were represented.

The Committee appointed at the previous Convention to confer with a similar Committee of the American Medical Association, reported through their Chairman, Professor Shattuck, a preamble giving an account of their doings, and proposing a series of resolutions as follows:

1. Resolved—That the Medical Colleges represented in this Convention, are willing to adopt the rule, if it be recommended by the American Medical Association, that every candidate for the degree of Doctor in Medicine must present certificates of having assiduously studied medicine during the period of three full years, under the direction of a regular practitioner of medicine, recognized as such by the American Medical Association, who shall certify to the same under his own hand, and of attendance on two full courses of a medical school, recognized as regularly organized by the American Medical Association, with an interval of at least three months between the termination of the first course and the commencement of the last.

2. Resolved—That the Medical colleges represented in this Convention are willing to keep a register of their students, in which shall be entered the name, the age, the period of commencing medical studies, and diploma already received, with the name of the college conferring it, and the name of the preceptor.

3. Resolved—That the medical colleges represented in this Convention, allowing that the proposed plan of admitting delegates from State Societies to attend the examination of candidates for the degree of Doctor in Medicine, has been successfully carried out in several places, do not think that it can with advantage be universally adopted; but, at the same time, they are ready to ascertain and discuss any other measure by which the admission of unsuitable and unworthy members within the ranks of the profession can be prevented.

4. Resolved—That this Convention earnestly recommend the American Medical Association to adopt such measures as will secure the efficient practical enforcement of the standard of preliminary education adopted at its first organization in May, 1847, or of a standard put forth by the Medical Society of the State in which a college is located, and, that medical colleges will thankfully receive and record the certificates alluded to in said standard, and one of moral character, whenever the profession generally, and the preceptors, will see that students are properly supplied with them.

5. Resolved—That hospital clinical instruction constitutes a necessary part of medical education, and that every candidate for the degree of Doctor in Medicine shall be required to have attended such instruction regularly for a period of not less than four months.

6. Resolved—that the members of this convention are ready to co-operate in any efforts by which the attention of the community and of Legislatures shall be called to the importance of the endowment of medical colleges and professorships.

7. Resolved—That the attention of the American Medical Association be called to the proofs, in a letter from a German Medical Professor, of the degree of Doctor in Medicine being conferred in Germany on unsuitable persons, to be used in this country.

On the motion of Prof. Davis, the report was received, and the resolutions taken up *seriatim*.

Prof. Flint moved to amend the first resolution by omitting the words "with at least an interval of three months between the termination of the first and the commencement of the last."

The amendment was discussed somewhat at length by Professor Flint McDowell, Davis, Palmer, Shattuch, Arnold, Frost, and Logan, after which it was rejected.

On Motion of Prof. McDowell, the first resolution was laid on the table.

On motion of Prof. Thayer, the second resolution was adopted.

The third resolution was discussed by Professors McCaw, Breckenridge, Knight, Palmer, McDowell, and Davis.

Prof. Logan offered the following as a substitute for the whole report:

Whereas—it is apparent that the Medical Colleges of the United States are not disposed to adopt the measures indicated by the American Medical Association, for the establishment of a higher system of medical education, as manifested by the failure upon the part of a large portion (and among

the number some of the most prominent) to be represented at the Convention of Colleges, held last year in Louisville, and by a renewal of the same course of action towards the adjourned meeting of said convention; and as no action on the part of the colleges represented would be likely to effect any change in the present system of medical education, and any attempt on the part of this limited representation to initiate any reform might be regarded as an offensive assumption of power; therefore,

Resolved—That this body declines to act for the Medical Colleges of the United States.

Resolved—That in the Medical Colleges alone resides the power of effecting any desirable change in the present system of medical education, and it is only from their united action that any good result can be effected.

Resolved—That a committee of — be appointed to report the action of this body to the American Medical Association.

The substitute was discussed by Professors Logan, Shattuck, Crosby, McGugin, McDowell, Storer, and Palmer, and was finally rejected.

At this stage of the proceedings Professor Logan of Ga., retired from the Convention, stating that he did not feel at liberty to act with it as the representation of the Atlanta Medical College.

On motion, the Convention adjourned till Tuesday morning at nine o'clock.

SECOND DAY'S PROCEEDINGS.

The Convention was called to order by the President, Dr. Crosby.

On motion of Professor Shattuck, the third resolution was adopted.

On motion Prof. McDowell, the fourth resolution was adopted.

On motion, the order of business was suspended, when Prof. Frost presented the following communication, in regard to Medical education in the South:

"I should wish to be heard while I make a few remarks on the progress of education at the South, and the advances we have made in fulfilling the requirements of the Association. The report in my hand of the Dean of the Medical College of the State of South Carolina, of the graduates of that college and their acquirements, presented a total of 114 graduates—all of whom had a preparatory education, such as the Association requires. Nearly all, with the exception of six, have had good literary opportunities; some graduates of colleges, others of academies of high repute, others instructed in the classics. Even those whose studies were confined to English, have had their minds strengthened by the study of mathematics.

"In making this statement, I would not be understood to say that they were all well versed in the classics; but they have enjoyed the opportunity, and profited in a greater or less degree by it. Neither would I be understood to say that our graduates are all doctors. The diploma conferred is only an evidence that they have undergone a course of study; that they have been instructed in the principles of the profession, and made acquainted with the means by which they are to arrange and systematize the various occurrences presented to them—in short, that the foundation has only been laid by which they are to pursue advantageously their researches and act for themselves. To be able doctors and successful practitioners, requires years of study and observation, and

there are many who after all this application have never been made doctors.

"The community in which a young graduate resides, soon becomes aware of this fact; it is only after a long apprenticeship and years of toil and devotion to his business, that he acquires practice and confidence. Confidence is proverbially a plant of slow growth, and it is only after the individual has proved himself worthy that it is freely bestowed. Still, however, every doctor has been a student, and as such, has to endure taunts and imputations as to his qualifications. I remember, when a student in medicine, forty-seven years since, fashionable ladies commented upon the homely appearance and neglected dress of the students of Philadelphia, and tauntingly observed that there was little to be seen in the streets but Dogs and Virginia Doctors! Yet from these classes of whom these remarks were made, came forth Wood, Mitchell, Meigs, McClelland, Hodge, Bartons, Derech, and not to forget my own section, Dickson, Holbrook, Ramsey, and many others. Yet these young men were as ungainly as many at the present day; but they contained the gem as many of the present day, which required only to be polished. Education has been progressive in my observation; our graduates show their desire to excel by seeking opportunities abroad for greater acquirements. In my day, our reading was disultory and without system. My preceptor pointed to his library and told me to select my reading. My anatomical studies were pursued with a scalpel and the Dublin dissector. Our clinical instruction was nothing virtually. Mark the difference at the present time. Your winter and summer courses: your crowded hospitals; your private instructions, and your model plates, etc. All these speak trumpet-tongued that the work of improvement is onward."

On motion of Prof. McDowell, it was directed to be appended to transactions of this body, for the American Medical Association.

On motion, the fifth resolution was adopted.

On motion of Professor McDowell, the sixth resolution was adopted.

On motion of Prof. Shattuck, the seventh resolution was adopted.

On motion of Professor Arnold, the first resolution was taken from the table.

Prof. Shattuck offered for the first resolution a new one, precisely the same as the first, with the exception of the last clause in regard to the interval of time between the first and the last courses of lectures.

It was discussed by Professors Shattuck, McDowell, Flint, Arnold, Breckinridge, Davis, Palmer, McCaw, Nourse, and White.

Prof. White moved that the substitute and the original resolution be laid on the table. The motion was lost.

Prof. Breckinridge called for the vote on the substitute offered by Prof. Shattuck, by colleges.

The substitute was lost by the following vote; Ayes, 8; Noes, 12.

Professors McGugin and Palmer, in voting for the substitute, explained that they did so because they were in favor of the propositions therein contained, and hoped that a distinct proposition relating to the length of the interregnum of courses similar to that contained in the original resolution, might be presented, that they might vote for it.

The Motion on the original resolution was then taken by colleges, and adopted by the following vote: Ayes, 14; Noes, 3.

On the motion of Prof. Davis, it was

Resolved—That the committee, of which Dr. Shattuck is Chairman, be requested to report the doings of the Convention, with the resolutions adopted, to the American Medical Association.

On motion, the Convention adjourned, to meet again at the call of the President.

Application of the Button Suture to the Treatment of Varicose Dilatation of Veins.

BY NATHAN BOZEMAN, M. D., OF NEW ORLEANS,

(LATE OF MONTGOMERY, ALA.)

TAKEN FROM A PAMPHLET BEFORE US.

VARIX, scarcely need I say, has engaged the attention of surgeons since the time of Hippocrates to the present day. There are, indeed, many living surgeons, whose names I could mention, commencing with those of Sir Benjamin Brodie and Velpeau, who have paid special attention to the subject, and who, as is well known, have presented it in all its bearings. Had I the time and inclination, it would be interesting to set forth the views of these eminent teachers, as to the causes and pathology of this disease, before entering upon the treatment; but as this part of the subject is treated so fully in every systematic work upon surgery, I shall pass on to the latter, with the object of offering a few practical remarks in reference to the employment of silver ligatures.

In calling attention to this principle of treatment, which so far as I know, has not been done heretofore, I appeal only to a few results, based upon my own experience.

Let us, then, first inquire, what are the objects of an operation in the *radical treatment* of varix; and what the dangers attending such an operation?

The treatment, according to the best authors upon the subject, is divided into *palliative* and *radical*. Every one knows in what consists the former. The latter, which has for its object the obliteration of the affected vein or veins, is generally, and very justly, too, viewed with great circumspection, because the operation, though simple in its execution, is liable to be followed by consequences sometimes highly disastrous to life. Phlegmons, erysipelas, purulent abscess, phlebitis, etc., are not uncommon results, and we are always taught to consider well the chances of their occurring, before deciding on any operative procedure.

Various have been the plans suggested of attacking the vein, as best suited to the end in question, and least liable to the dangers above stated; namely, acupuncture, incision, transfixion, compression, section, resection, actual and potential cautery, simple ligature, twisted suture, etc. All these methods have had their advocates, and their advantages pointed out. While some have long since fallen into merited neglect, others have been maintained in practice, and are the established procedures of the day. Of the latter, I may mention the subcutaneous section of the vein, the simple ligature, the twisted suture, and the potential cautery.

Without stopping now to enquire into the claims of these several methods, which are familiar to all, I come at once to the object of our

remarks ; namely, the adoption of the silver ligature or button suture method.

The idea of the above plan of treatment occurred to me several years ago, knowing, as I did, from experience, how little irritation followed the use of silver sutures. The ill-consequences, of the operation usually had recourse to, I thought, might be obviated by this means to a very great extent, and the life of the patient thereby be less endangered. It was not, however, until the early part of last year that I adopted this principle of practice.

The Three following cases I adduce in support of my views :

CASE 1.—I state this case from recollection, my notes have been mislaid. The subject was a negress, the mother of six or eight children, aged about fifty, and of rather delicate constitution. She stated that the enlarged condition of the veins of one of her legs had existed for several years, and now and then, especially after standing any considerable time, she suffered much pain from their distension, which would frequently force her to take her bed.

Upon examination, I found the saphena interna, and a few of its branches above the ankle, the seat of the difficulty. The dilatation of the vein extended as far up as the middle of the thigh. At a point just below the knee, the vein was very large and tortuous. There had never been any ulcer of the leg. The skin was very smooth, and showed no indications whatever of disease.

All the palliative means had been tried effectually, but with no permanent good. The radical treatment, therefore, was the only alternative left me. In deciding, now, upon a plan, I determined to employ the silver ligature at a few points, and see what the result would be. Accordingly, after due preparation of the system, the operation was performed.

For the operation, the patient was placed upon her back, and the ligatures of a suitable length then introduced with a curved needle, (I prefer a needle with a short curve, held in a *porte aiguille*.) I entered the point of the needle through the skin as far in front of the vein as I could, to allow of its being carried beneath the latter, and out at a corresponding point in the skin. It was my intention at first, to completely encircle the vein, and in that way to have the two ends of the wire to pass through one opening in the skin ; but this I found to be entirely unnecessary. The narrow bridge of skin intervening between the two perforations, as above introduced, is not at all in the way of effecting constriction of the vein.

The ligatures, five or six in number, having been introduced, I next tied the ends of each over a couple of pieces of bougie, in the same manner recommenced by Mr. Erichsen in his use of silk ligature. I was not pleased, however, with this arrangement. I found that I could not tie the wire sufficiently tight to assure occlusion of the vein without the risk of breaking it. I arranged all of them in this way, however, and put the patient to bed. The after treatment consisted in quietude, elevation of the limb, light diet, etc.

The patient went on remarkably well—had little or no fever. The swelling and pain around the several points of the ligatures was very slight. On the ninth day I removed the ligatures ; found the most of them quite loose, and the bits of bougie, over which their ends had been

tied, almost ready to fall out of place, thus showing that the vein was cut through. The skin on which the bits of bougie rested was ulcerated at several points, which I had occasion to regret. The patient was kept in bed several days longer, and then allowed to get up. The hardness, now, along the course of the vein, as far up as the ligatures had been used, proved pretty conclusively that consolidation had taken place. After being up for some time, the patient expressed herself greatly relieved, and desired to have the cure completed, which I promised to do, should she be troubled again.

CASE 2.—Jane, a colored girl, aged about thirty four, the mother of four children, large and stout, was sent to me on the 21st of September last, for the purpose of treating her for an ulcer on her right leg. She stated that she first became pregnant in her sixteenth year, and that just before confinement the veins of her right leg became enormously enlarged. After labor, says she had "milk leg," from which she did not recover for several months. The veins in this leg remained large. Two years afterwards she became pregnant the second time, when the veins in this leg again increased very much in size, and caused great inconvenience. After the birth of her child they diminished somewhat in size, but still caused some annoyance, especially after standing a long time. Soon after this she received a slight scratch on the front part of her leg, three or four inches above the ankle. This resulted in the formation of an ulcer, which, after attaining a considerable size, gave rise to profuse bleeding. This ulcer went on increasing in size for five or six years. A physician, then, after a long time, succeeded in healing it up, but it remained so but a little while. She says that, as soon as she began to walk about again, the newly-formed skin gave way, resulting directly in an ulcer as large as ever. In this condition she remained until sent to me.

Upon examination, I found the ulcer situated as above stated, and half the size of my hand. The whole leg was very much swollen, and apparently all the superficial veins were dilated. The main trunks of the saphena interna, and externa were quite large and tortuous. The former, just below the knee, was so large and tortuous that its course could not be traced. Above this it was not so tortuous, but largely dilated nearly up to the saphenous opening. With this condition of things I thought of nothing short of the radical treatment. As a preparatory step to this, however, I determined to reduce the swelling of the leg, and to cure the ulcer, if possible. The patient was accordingly placed upon her back, and the limb bandaged up to her groin, twice a day. The ulcer was dressed with the following salve at the same time :

R. Pulv. Rhei. ℥i. Pulv. Opii, gr. x. Ung. Cetacei, 3i. M.

Under this treatment the swelling rapidly diminished, and in the course of three weeks the ulcer was completely cicatrized.

The patient I now considered in a good condition for an operation on the veins. I determined to limit my procedure only to the largest ones below the knee, reserving the saphena interna, above this point, for a subsequent operation. Five silver ligatures were accordingly introduced as in the proceeding case, they being principally applied to the saphena interna. This being done I next proceeded to adjust them. Being dissatisfied with the bougie arrangement in the proceeding case, owing to the ulceration of the skin occasioned by it, I determined to effect adjust-

ment this time on our button suture principle, in order to ascertain the result. With this view, the two ends of each wire, commencing with the lowest, were now put together and passed through the hole of our *suture-adjuster*.* These being firmly held between the thumb and the forefinger of the left hand, the instrument was slid down upon them until complete constriction of the vein was effected. All the others were arranged in like manner. This being done, a disk of lead, with a hole through its center, was put on the wires and slid down to its place. Upon this a shot was next slid down. This now being grasped by a pair of forceps, and held firmly against the plate of lead, the requisite amount of force for the constriction of the vein was then applied to the ligature, and thus secured by compressing a shot upon it. The ends of the wire were next cut off close to the shot, which completed the operation. The patient was then put to bed, the limb elevated, and quietude enjoined. The case progressed well; no fever occurred, and there was but little swelling or pain. Some of the sutures I removed on the eighth, and the remainder on the ninth day after the operation. The patient was kept quiet a few days longer, and then allowed to get up. There appeared now to be pretty general consolidation of the veins upon the front and inner side of the leg. The large bunch just below the knee was quite hard. The patient, after going about for several weeks, experienced so little inconvenience from the enlarged veins remaining, that I concluded not to perform another operation for the present. It has now been about seven months since the operation, and the greater part of the time this woman has been employed as cook, washer, and ironer, using no laced stocking or bandage.

A few days ago I made an examination of the affected limb, and found it the same size of the other. The cicatrix appeared firm, not showing the least indication of breaking at any point. There are a few branches of the saphena externa, and the trunk of the saphena interna, above the knee, still dilated. It is my purpose to operate again upon the case, and complete the cure.

CASE 3.—Elias Smith, plasterer, aged nineteen, of medium stature, and rather sparsely built, was sent to me on February last, by my friend Dr. J. C. Batchelor, of this city, to have his leg examined, with a view to an operation. He stated that, ever since he could recollect, there had been an enlarged condition of the vein on the inside of his right leg, and of late it seemed to be increasing in size. He said it gave him no pain now, or inconvenience, but he feared it would, and ultimately might force him to give up his trade.

Upon examination, I found that it was the saphena interna which was involved, the dilatation extending from the ankle nearly to its passage through the fascia lata. At a point just below the knee the dilatation was greatest, and here the vein was also very tortuous. Having considered the case in all its bearings, I took the view that the man was a laborer, his occupation requiring him to be almost constantly on his feet, thereby increasing the difficulty, and that, if the disease could be radically cured, now was the time to attempt it. Everything favored a satisfactory result. Accordingly, after such preparation of the system as was necessary, I proceeded to perform the operation, in the presence of

* Gross' System of Surgery, vol. ii, fig. 568, p. 1047.

Dr. Batchelor, Dr. Frazier, of Arkansas; Dr. Gilmore, of Mississippi, and several medical students.

The two proceeding cases, it will be recollected, were operated upon in the recumbent position. This patient I placed in the erect—and I now greatly prefer this position, for the reason the vein is distended, and the needle can be entered and carried around it with more facility. I introduced five ligatures, two below, one opposite, and two above the knee. This was easily and quickly done. The patient was now made to lie down, in order that the vein might be emptied of as much blood as possible before adjusting the ligatures. The lowest one was arranged first, and the others, then, in regular succession. The disk of lead and shot, were next slid down and secured, as in the proceeding case.

After-treatment the same as heretofore pointed out. The patient had no fever. On the seventh day I removed two of the sutures, and on the ninth the remainder. On the fourteenth day after the operation the patient went to work, experiencing no inconvenience from it whatsoever.

I examined this case a few days ago, it being nearly three months after the operation, and I was astonished to find that the obliterated vein had so nearly disappeared. It could be seen only at one point, just below the knee, and here it felt perfectly hard, and was quite movable beneath the skin. The consolidation had extended entirely up to the saphenous opening. The result could not have been more satisfactory.

Varicocele.—Being so well pleased with my first application of the silver ligature to enlarged veins of the leg, I felt very anxious to make a trial of it in the varicocele, believing that it would have advantages over the ordinary methods pursued.

It was not long before an opportunity offered. A gentleman of Donaldsonville, in this State, aged about thirty, consulted me in reference to the disease in question, which he said he had had since he was fourteen years old. An examination proved his statement, as to the existence of the disease, to be correct. It was as is almost always the case, on the left side. Associated with it was an enormous elongation of the scrotum. It hung down, especially on the left side, nearly to the middle of the thigh. An operation, therefore, not only for the varicocele, but for the retrenchment of the scrotum, was called for, which I performed in the order mentioned. That for the varicocele was performed upon the button suture principle, the ligature being introduced in the same manner recommended by Prof. Gross, in the use of the silk cord.* In this way the veins were completely encircled, and both ends of the wire left hanging out in the same opening of the skin. The ligature was next adjusted, and the button and shot secured as in the second and third cases of varices. The patient was now put to bed, and the scrotum raised up and supported with a suspensory bandage. Cold water dressings ordered. There was the usual amount of swelling below the seat of constriction, and on the fifth or sixth day considerable pain. On the seventh day the suture apparatus was removed, when consolidation of the veins appeared to be complete. After a few days the patient was allowed to get up. The next thing was to retrench the scrotum, which, after the patient began to walk about, was as long as ever. This operation was performed in the usual way, only a couple of small arteries re-

* Op. cit., ii. p. 956.

quiring to be tied. The edges of the wound were brought together by a number of interrupted silver sutures. The patient was then put to bed, and the parts supported by means of a suspensory bandage. Cold water dressing directed.

A day or two afterwards, hæmorrhage took place from a small artery, and before it could be controlled the patient lost a considerable amount of blood. Excepting this, he got along remarkably well. On the seventh day I removed the sutures, when union of the parts appeared complete, excepting at one point, where the edges of the wound had not been closely approximated. This filled up in a few days, however, by the granulating process, and the patient was then discharged cured.

I examined this case a few weeks ago, it being about eight months after the operation, and the condition of the parts could not have been more favorable. The veins all appeared to be completely occluded, and reduced to mere threads. Our patient expressed himself entirely relieved of his former troubles.

Remarks.—Although the cure was not completed in the first two cases of varix, still the result of our operation proved itself, I think, sufficiently successful to establish the superior advantages of silver ligatures over the ordinary methods recommended.

The result of our third case could not have been more satisfactory. It is needless to comment on the result of the operation in the case of varicocele. Suffice it to say, it could not have been more satisfactory. The advantages of the button suture principle, in the treatment of the diseases of which we are speaking, may be thus briefly stated :

- 1st. The innocuousness of the silver wire.
- 2d. The protection afforded by the button against undue pressure upon the skin in front of the vein.
- 3d. The facility of adjusting the apparatus, and the great power given the surgeon over the vein, without risk of the wire breaking, as by tying.
- 4th. The certainty with which the vein or veins can be cut in two, and their occlusion effected, with evidently less risk of the dangers in the usual modes of operation.

Dengue, or Breakbone Fever.

By C. POWERS, M. D. MORAVIA, N. Y.

This singular disease has made its appearance in this place and vicinity, and has been somewhat prevalent for the last two months. Its proper *habitat* and home is far south of this, and, so far as I know, this is its first appearance in this section of the country.

The etymology of the barbarous term, *dengue*, is obscure. And the first account we have of the disease itself—unless it is identical, as some have supposed, with the “break-bone fever,” described by Dr. Rush, which appeared in Philadelphia in 1780, and which is quite problematic—was brought from Rangoon, in the East Indies, in May, 1824, and it appeared in Calcutta in June. It reached the Island of St. Thomas, in the West Indies, in September, 1827, and soon extended to the rest of the islands, and the next year to the Southern States, reaching New Orleans in the spring, and Charleston and Savannah in the summer. A

few cases were observed in Philadelphia and New York, at which latter place it found for a time its northern limit. Though no longer appearing as a wide-spread epidemic, it is now quite a common disease in most of the Southern States, particularly in South Carolina, Georgia, and Alabama, where, in the winter of 1850, the writer of this brief notice found it prevailing quite extensively; and lately he has been told that it is now becoming quite common in some parts of Virginia. It is probably marching northward, and very likely may, ere long, become domesticated amongst us, and become one of our standard diseases.

It usually commenced with stiffness and swelling in some of the small joints, or the muscles of a limb, with aching of the back and joints, restlessness, heat of skin, head-ache, and thirst. To these succeed fever, and intense pain in the back, knees, ankles, and, in turn, most of the joints, although the pulse was not much accelerated, and the tongue only slightly coated with a yellowish fur. After a day or two, the skin usually lost its dryness and heat, and became relaxed with abundant perspiration, when the local pain partially subsided. In this stage, in a few cases, there appeared a slight partial miliary eruption; in most this symptom was totally wanting, but in nearly all there appeared on the limbs spots of florid redness of variable size, which, in the aged and feeble, soon assumed a purple hue. Between the second and fourth days there was a deceitful truce, and many believed themselves to have passed through the worst stages, and some even attempted to resume their ordinary occupations. Soon, however, the severe symptoms returned with augmented violence, the local pain became intolerably excruciating, seldom continuing, however, but for a few hours in the same place, but shifting from limb to limb, and sometimes to the face, with agonizing pain on being removed, great depression of spirits, and mental prostration. The pain—which was always worse in the morning and forenoon, and wore off as the day advanced, was peculiar in its character, being apparently seated in the bones, which the sufferer described as though it seemed it were breaking or splitting into fragments. After a few days the tongue becomes clean, and the pulse natural, but the pain very slowly subsides, the limbs remaining for a considerable time sore, swelled, stiff, and clumsy. Convalescence is exceedingly slow and tedious.

Thus it will be seen from this brief and imperfect, but I believe perfectly faithful description, that this malady, though unquestionably *sui generis*, bears some resemblance to both erysipelas and inflammatory rheumatism, and in many cases, by those unacquainted with dengue, is mistaken for them. When the swelling is considerable, it is often called erysipelas; when the intense pain, which is often arthritic and neuralgic in its character, is the predominating symptom, it is styled rheumatism. But it is more painful and more shifting than rheumatism scarcely ever is, though that complaint is certainly distinguished for these characteristics, but in a lesser degree, and it may be known from erysipelas from its attacking all the limbs, and most of the joints, in rapid succession, which fleeting and furtive character true erysipelas *never* assumes; and it furthermore differs from both, in the occasionally seen miliary eruption, and almost constantly accompanying florid spots, and by occurring but once to the same individual.

It attacks both sexes and all ages indiscriminately. At the South it is considered contagious, but I have seen nothing in the cases which I

have witnessed, to confirm that belief. Some persons have it very lightly—swollen limbs, or face, and a few migratory and transient pains, constitute the whole phenomena; others were confined to their beds from two to four weeks. From one to two weeks may constitute the general average.

The prognosis is exceedingly favorable; probably there is not one death in a thousand cases. But the untold bone-breaking agony of the severe cases, and the long, dejected, miserable convalescence, inspire the minds of those who have had it, with more dread and horror, than many far graver and more dangerous diseases. At the South, I have heard those who have had both this and yellow fever, positively declare that, of the two, they would prefer having the latter.

As to the treatment, dengue is so slightly dangerous, and being self-limited besides, all active interferences should be dispensed with. Although it cannot be cut short entirely, still, very much can be done to alleviate the sufferings, and to hasten recovery. Anodynes should be given freely to subdue the intense pain, diaphoretics to promote perspiration, and hot water stupes, or mustard cataplasms, be applied to the seat of the pain, and followed up, as it flits to other quarters.

The protracted convalescence should be hastened by generous food, to which quinine or London porter may with propriety be added.

Those who desire further information on this singular disease, may consult Dickson's *Elements of Medicine*, page 731; and Copland's *Dictionary*, vol. iii., page 721. These instructive and ably written monographs will well repay perusal.—*Boston Med. and Surg. Journal*.

NEWS ITEMS, MEDICAL FACTS, &c.

RELATION OF THE MEDICAL PROFESSION TO THE PUBLIC.—At a late meeting of the Royal Institution, Dr. Mayo delivered a lecture "On the Relations of the Public to the Science and Practice of Medicine." He alluded to an antagonistic feeling existing between medical men and a portion of the public, in consequence of which medical aid is often not applied for until it is too late. He recommended an alteration of the existing system, which tends to produce dissatisfaction and mutual distrust, and the adoption of a mode of practice that would place the public and the medical profession on terms of friendship. Dr. Mayo then strongly urged the propriety of a wider study of physiology as a branch of general education, and adverted favorably to the fitness of women to practice medicine. Touching on the subject of insanity, Dr. Mayo condemned the present system, which gives an arbitrary power of confinement to any two medical practitioners who may or may not be competent to form an opinion as to insanity,

TRIAL FOR ABORTION.—**THE QUEEN v. WHITE AND OTHERS.**—Mr. Kennedy applied on Tuesday last, at the Court of Queen's Bench, in this case for a rule to show cause why the Coroner's proceedings (the latter of two inquisitions) should not be quashed. The two prisoners were White, a chemist at Birmingham, and a Mrs. Fisher, with whom a female had lodged for six or seven weeks; and, after taking certain medi-

cines and undergoing operations at the hands of White, died. At a first inquest a verdict of "Natural Death" was returned; at a second, one of "Wilful Murder" against the prisoners. It was contended that the Coroner had acted wrongly in taking the evidence, on a second occasion, of a witness who had been present and not examined on the first, and on whose statement the case turned. This important application was adjourned to search for precedents.

A BRIBE.—A "Homœopath" writes to the morning papers stating that in answer to the appeals of various hospitals for further funds, he has addressed an offer to St. Mary's, St. George's, Middlesex, and the University hospitals, for contributing £3,000 to the expense of certain wards during three years, on condition that homœopathic treatment should be adopted for the patients, and a public "trial" made of homœopathy. He does not understand that this is a bribe offered to lull the consciences of men who refuse to tamper with the lives of the patients entrusted to their care, but laments the obstinacy which rejects his dangerous liberality.

LONGEVITY.—**BEAULY v. ROSENEATH.**—A correspondent writes:—"It being questioned in reference to Roseneath whether any Highland parish could produce any four living persons whose united ages amount to 370 years, I have to state that there are alive in the parish of Kilmorack three females and one male whose united ages amount to 375 years, being respectively 99, 94, 91, 91. The two eldest are widows, the others a widower and a spinster. This gives an average of $1\frac{1}{4}$ above Roseneath. It cannot be vouched for that these four are the oldest in the parish, and lately much higher figures could be brought forward, as no doubt many other Highland parishes can present."—*Inverness Advertiser*.

MAN-EATING TIGERS.—Since January, 1859, 1,500 Chinese have been carried off by tigers in Johore, the end of the Malacca peninsula. It is now difficult to induce Coolies to work in Johore.

INFLUENCE OF SLOW LEAD-POISONING ON THE PRODUCT OF CONCEPTION.—M. C. Paul, resident physician to a Paris hospital, has collected 81 cases showing the baneful influence of lead. His attention was attracted to the subject by the case of a woman who had given birth to three healthy children before she took to the occupation of printing type cleaning, and who out of ten subsequent gestations had had eight miscarriages. One child, which was born at full time, died at five months. The 81 cases refer mostly to women, only a few relating to men. From these cases, M. Paul thinks himself justified in supposing that lead-poisoning has not only the already well-known effects, but that it also causes the death of the foetus, or the premature decease of the child, whether either the father or mother has been exposed to lead-poisoning. Out of the 123 gestations included in the 81 cases, 64 abortions, 4 premature labors, and five still-births were noted. It was, moreover, observed that 20 children born at full time died within their first year, 8 within their second, 7 within their third, and one only at a later period. 14 children are now alive, 10 of whom are above three years old. Metrorrhagia occurred in 15 cases, the loss of blood depending, very probably, on abortions.—*Gazette des Hôpitaux*.

THE DIETETIC INEFFECTIVENESS OF HUNGER.—Captain Marcy, in his interesting work, "The Prairie Traveler," supplied several facts not without importance in a physiological and medical aspect. Indeed, under the hardships and privations which fall to the lot of travelers beyond the tracks of civilized life, man and the inferior animals are frequently made the subjects of experiments which cannot be instituted in our schools and hospitals. Captain Marcy thus describes what befell his party when passing over the Rocky Mountains during the winter of 1857-8:—"Our supplies of provisions were entirely consumed eighteen days before reaching the settlements in New Mexico, and we were obliged to resort to a variety of expedients to supply the deficiency. Our poor mules were fast falling and dropping down from exhaustion in the deep snows, and our only dependence for the means of sustaining life was upon these starved animals as they became unserviceable. We had no salt, sugar, coffee or tobacco, which, at a time when men are performing the severest labor that the human system is capable of enduring, was a great privation. In this destitute condition we found a substitute for tobacco in the bark of the red willow which grows upon many of the mountain streams in that vicinity. The outer bark is first removed with a knife, after which the inner bark is scraped up into ridges around the sticks, and held in the fire until it is thoroughly roasted, when it is taken off the stick, pulverized in the hand, and is ready for smoking. It has the narcotic properties of tobacco, and is quite agreeable to the taste and smell. The sumach leaf is also used by the Indians in the same way, and has a similar taste to the willow bark. A decoction of the dried wild or horse mint, which we found abundant under the snow, was quite palatable, and answered instead of coffee. It dries up in that climate, but does not lose its flavor. We suffered greatly from the want of salt; but by burning the outside of our mule steaks, and sprinkling a little gunpowder upon them, it did not require a very extensive stretch of the imagination to fancy the presence of both salt and pepper. (There can be no doubt that the nitre and charcoal would to a great extent supply the want of salt. Soldiers and huntsmen have long resorted to this use of gunpowder under emergencies.) We tried the flesh of horse, colt and mule, all of which were in a starved condition, and of course not very tender, juicy or nutritious. We consumed the enormous amount of from five to six pounds of this meat per man daily; but continued to grow weak and thin, until, at the end of twelve days, we were able to perform but little labor, and were continually craving for fat meat."

THE SPHYGMOGRAPH, OR REGISTER OF THE ARTERIAL PULSE.—M. Marey has published in the *Gazette Medicale* an article wherein he describes an improvement on Vierordt's arterial register. The French instrument also acts by a lever, but is lighter and of easier practical application. It can only indicate the frequency of the more or less regularity of the pulse. It may be doubted whether these instruments, though very ingenious, will ever prove actually useful in practice.

RABORIAN DOSES OF TARTAR EMETIC IN TETANUS.—Dr. Cornaz relates, in *L'Echo Medical Suisse* of the 1st inst., two cases of tetanus in which repeated doses of tartar emetic were given. One of the patients, aged sixty-three, whose primary lesion was mortification of a finger, recovered; the other, aged forty-one, who had had two fingers crushed, sank under

the tetanic attacks. The doses of tartar emetic were, in both cases, half a grain every half hour; these produced rather abundant alvine evacuations, but not very severe vomiting. Both patients had, however, large doses of morphine and chlorate of potash, with warm baths. When the emetic acted too powerfully on the intestinal canal, the administration of the salt was suspended for several hours.

DROWNING IN A WATER BED.—On Monday last an inquest was held at the County Lunatic Asylum, Colney Hatch, on the body of Martha Draper, one of the patients, she having been accidentally drowned in consequence of the bursting of a water bed.

DISSECTING WOUNDS.—M. Ch. Phillips, a surgeon well known in Paris by very successful labors in urinary pathology and practice, has been in a very precarious state from a dissecting wound, but is now recovering.

A NEW MILITARY HOSPITAL IN PARIS.—The Minister of War has lately decided that a military hospital shall be established in the northern part of Paris. The principal hospital of the kind, called Val de Grace, is situated, as is well known, on the left or southern side of the Seine. It has been proposed to use the Hospital for Incurables for the purpose, and to transfer the patients of the latter institution into a new building to be erected outside the fortifications. Another part of the project is to place all the hospitals in which very chronic or incurable cases are received beyond the fortified line. What is to become of the patients in the event of a seige?

CEPHALOTRIPSY WITHOUT TRACTION VERSUS THE CÆSAREAN OPERATION.—M. Pajot, professor of clinical obstetrics at the Paris faculty, has just substituted the former for the latter operation, in a case, where, from rickets, the antero-posterior diameter measured but one inch and two-thirds. M. Pajot considers that the danger of cephalotripsy consists in the tractions which are generally made after the head is broken up, as points of bone easily tear the soft parts of the mother. He is in the habit of crushing as completely as possible, and then leaving the uterus to expel the fœtus by its contractions. This method is even carried out as regards the body of the child. In the present case the success was complete.

MORTALITY IN THE RUSSIAN CAPITALS.—At St. Petersburg, the number of births in 1858 amounted to 17,658 (9,147 boys, and 8,511 girls,) while the deaths were 19,077. This fact which occurs every year, demonstrates that, as the deaths exceed the births, the population of that city is only kept up by immigration. The number of illegitimate births increases, while marriages are diminishing. At Moscow, the number of births was 11,267 (5822 boys, and 5445 girls,) and that of deaths, 11,703.

MEDICINES OF THE SHETLANDERS.—Their popular recipes are scurvy-grass for cutaneous complaints, buttermilk for dropsy, shells of whelks calcined and pounded for dyspepsia, and a variety of steatite for excoriations.—*London Lancet, July, 1860.*

EDITORIAL DEPARTMENT.

List of Journals, (Continued.)

In looking over the list, we find the following excellent Journals, now before us, not there.

Southern Medical and Surgical Journal, 80 pages monthly, at \$3 per annum. Edited by Prof. Henry F. Campbell, A.M., M.D., and Robert Campbell, A.M., M.D., Demonstrator of Anatomy in the Medical College of Georgia, Augusta, Ga.

Louisville Monthly Medical News, 68 pages monthly, at \$3 per annum. Edited by Professors Samuel M. Bemiss, M. D., and J. W. Benson, M. D., of the Medical Department of the Louisville University, Louisville, Ky.

American Medical Times, 24 quarto pages, a weekly series of the *New York Journal of Medicine*, at \$3 per annum. Edited by Stephen Smith, M.D., and his associates, Elisha Harris, M.D., and Geo. F. Shrady, M. D., and published by Bailliere Brothers, 440 Broadway, N.Y.

The *American Medical Times*, comes forth resembling very closely the *London Times and Gazette*, and edited, as it is, by an able corps, must soon gain a wide circulation. This makes the *fourth* weekly emanating from the American Press, and speaks volumes for the enterprise and advancement of our profession. It is true the *New York Journal of Medicine*, that came into existence *seventeen* years ago, under the care and management of our old friend and class mate, Dr. Samuel Forry, has gone to the shades, but only, it seems, to give place to this young and vigorous looking offspring, which is an improvement upon the past. Let us sum up. The *Boston Medical and Surgical Journal*, Boston; the *Medical and Surgical Reporter*, Philadelphia, Pa.; the *New York Medical Press*, and the *American Medical Times*, New York, constitute the four weeklies alluded to, and we are pleased to say each presents a vigorous and healthy appearance, and we have reason to believe will be long lived.*

Medical and Surgical Reporter. In the list of journals published in our *April* number we noticed the *Reporter*, and stated the number of pages to be *sixteen*, when, in reality, we find they vary from *twenty to thirty*. We hope this will be received for an apology for our mistake.

EXCHANGES.—We cannot permit this opportunity to pass, without again calling attention to the subject of *Exchanges* and the necessity of special care in the direction. We find upon our table a number of the *Reporter*

* Since writing the above the *New York Medical Press* has been merged into the *American Medical Times*, and, therefore, is no more.

directed as follows, "*Medical News, Cincinnati, O.*," and ask where is the *Medical News*? Our journal was called by that name till we discovered that there *existed* a quack concern, bearing the cognomen of "*Western Medical News, and Cancer Journal*," published quarterly by Dr. Newton of the *Eclectic School*. We at once *changed* the name of our Journal to *Cincinnati Medical and Surgical News*, to which address the *Reporter* has come regularly.

Surely the *Reporter* is not sent in exchange for such an embodiment of cancer cures never performed!—*quackery* on the high pressure system, and REFORM generally.

Dead.

"LOOK OUT FOR AN EXPLOSION," is the heading of an article in the *Cleveland Medical Gazette*, of June; and sure enough the "explosion" has taken place and the *Gazette* is no more. We are sorry to be compelled to announce its death, but the effort was too great for its *sickly* constitution, and it expired about the 12th of June in *mortal agony*.

Prof. Gustave C. E. Weber, M.D., was the Editor of the *Gazette*, but finding the Profession, as a general thing, was not inclined to deal in *infinitesimalities* so common among our German brethern of the inflated order, he concluded to give them eighty pages! every two months, for "two dollars per annum!" and concludes his remarks upon the great change in the following language, "With our present subscription list the *Gazette* will never die," (*no gas in that*,) "but much of a deduction therefrom might be of serious consequences to its vitality."

The result proves the reality; and we now find that the *eighty paged bi-monthly* has "evaporated," as gaseous bodies do when *light* and *heat* are applied. So great, however, was the effect of the explosion of the first *Cleveland Medical Gazette*, that its Editor, Professor Gustave C. E. Weber, M.D. was thrown into our midst, when and where he entered into an arrangement by which his name appears upon the *cover* of what would *seem* to be *two* different Medical Journals, when in truth, we find but *one* under different covers! The only change we can see in the *Cincinnati Lancet and Observer*, is the addition of the name of "GUSTAVE C. E. WEBER, M. D. Professor of Surgery in the Cleveland Medical College."

But the most singular feature of the whole matter is the fact, that as soon as the *Lancet and Observer* made its appearance in Cleveland, with a change of *coat only*, it depreciated in value *one-third*, notwithstanding the Cleveland issue purports to be Edited by three *Professors*; whilst the Cincinnati issue is Edited by two *simple* Doctors and *one* Professor. There, how strangely some things slip out! We meant to say, simply *two* Doctors and *one* Professor. Now who would not prefer the Cleveland

issue of the *Lancet and Observer*, when they can have the advantage of *title*, and the price of the defunct *Gazette* to boot ?

"Well," we are not a "prophet nor the son of a prophet," but will venture to guess, or, perhaps, we may be allowed to attempt to foretell coming events ; not with mathematical accuracy, or astronomical certainty ; but, by reasoning from analogy, we come to the conclusion that three incompatibles when thrown together, must sooner or later *separate*. Let us illustrate : Once on a time three men set out to journey together, a "*Teuton*," a "*Murphy*," and a "*Yankee*," they got on well together till they arrived at the cross roads, when a difficulty arose. Here were four roads starting out from one point, they agreed that the road they had travelled was not the one they desired to go, but each choose different routes, as the one they should take to lead them to a certain point, and now the national trait of each man's character was plainly exhibited. "*Dutchy*" was positive, determined, and sullen ; "*Paddy*" was frisky, windy and defiant ; whilst "*Jonathan*" was restless, undecided, but cautious. "*Donner und blitzten*, I tels you dish roat vot goes upon my right ish de roat." "By my shoul, honey, your afther being rong, for be jabers the lift hant is the very idinticle one, and I'm afther it." "Well I am darn'd if this aint tarnashun queer, I think the middle road is the one sure and sartin, and I mean to take it." From words they came to blows ; but Jonathan slipped to one side, and let his comrades "go in," and while they were mauling each others' *krout* and *pratee* tub, Jonathan walked off with the knap-sack, and left them to settle the difficulty as best they could. No insinuations, gentlemen, but an explosion is certain, and then we shall have another obituary to write.

We are sorry to be compelled to notice some of our cotemporaries, but their ungenerous, if not malignant attacks, compel us to use the only weapon with which they can be reached.

We set out in editorial life with a full determination never to attack a professional brother in an unkind or unfriendly manner ; but as fully determined to "carry the war into Africa," should any one assail or cross our path with evil intent. We believe our course has been independent and just, and such we hope it may ever be.

PRIZE ESSAY.

In accordance with a resolution passed at the last annual meeting of the Ohio State Medical Society, "a medal of the value of fifty dollars" is hereby offered to a member of the society, who shall present the best essay on "the use of anæsthetics in obstetric practice." The essay to be accompanied by a sealed envelope containing the name of the author, and to be forwarded to the undersigned on or before April 1st, 1861.

M. B. WRIGHT, M.D., Chairman, Cincinnati.

ANNUAL ANNOUNCEMENT

OF THE

CINCINNATI COLLEGE

OF

Medicine and Surgery,

FOR THE

Session of 1860-'61.

CINCINNATI, O.

CENTRAL PRINTING OFFICE, COR. FIFTH AND CENTRAL AVENUE.

1860.

TRUSTEES.

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B. S. LAWSON, M. D.

Prof. of Principles and Practice of Medicine and Clinical Medicine.

R. SPENCER, M. D.

Prof. of Anatomy and Physiology.

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WM. SPENCER, M. D.

Adjunct Prof. of Anatomy and Physiology.

WM. H. SWANDER, M. D.

Prosecutor to the Chair of Surgery.

KINGSTON GODDARD, M. D.

Demonstrator of Anatomy.

ANNOUNCEMENT.

In issuing the Annual Announcement of the Twelfth Course of Lectures, in the Cincinnati College of Medicine and Surgery, it is only deemed necessary to call the attention of the Profession and Students to the change that has been made in regard to *Fees* and *Requirements*, both of which are necessary to carry out the recommendations of the Ohio State Medical Society. It has long been the object of that Honorable Body, to improve the condition of the Profession, and for that purpose, many plans have been proposed, all of which asked the Colleges to refuse admittance to all who had not attained a certain standard of preliminary education. On the part of the Colleges it was urged that this could not be done without serious injury to the Schools of our State; and that the *Office Preceptor* should attend to this important requisition; and thus the matter stands without action.

The Faculty of the Cincinnati College of Medicine & Surgery having investigated the subject thoroughly, and being fully satisfied that no single school could establish a standard of literary attainments and a higher one of Medical Qualification without great sacrifice, 'it may be supposed they would make the change with some degree of reluctance; but, feeling the great responsibility that rests upon the Medical Teacher, it was determined, three years ago, to commence the work by making the school FREE.

The Faculty hope, that by making this change and sacrifice, for the good of all, that their labors will be justly appreciated by a profession, the members of which are not less characterized for their high and honorable position among men, than for their cultivation of science, and the moral excellence of their lives. To merit the approbation of such, should be the highest aim, and chief object, of the Governors and Teachers of institutions of this character.

The Lectures in the College will be so arranged as to give to each branch the number which its importance demands. It will be the object of the Professors to inculcate information of the most practical character, while, at the same time, they will not neglect to discuss critically, such theories as must necessarily direct the practitioner in the discharge of his duties at the bedside.

PRACTICAL ANATOMY.

For the prosecution of Practical Anatomy, the most liberal provisions have been made. The Dissecting Amphitheatre is placed upon the top of the main building, is well lighted, and healthily ventilated. The department is under the control of the Prof. of Anatomy, and the Demonstrator. This room will be open the first Monday of October, and remain open until the close of the Session.

COLLEGE BUILDING,

Is situated on the corner of Longworth Street and Western Row, (now called Central Avenue.) The lecture rooms are lofty, well lighted, freely ventilated; comfortable and convenient in every respect, and capable of accommodating three hundred students.

THE COMMERCIAL HOSPITAL,

Is open to the students of this College. Wednesday and Saturday mornings are devoted to the study of clinical medicine, under the surgeon and physician of that institution.

LECTURE TERM.

The lectures will commence on Monday, the 15th of October, and close the last week in February. Students will be expected to be present at the opening of the course, and continue in attendance during the session, unless absent by leave, on account of sickness of self or family.

REQUIREMENTS FOR MATRICULATION AND GRADUATING.

1st—The student, before matriculating, must give satisfactory evidence of having acquired a good English education; this may be done by the certificate of his Teacher, or by his own composition at the time of matriculation.

2nd—The candidate must give evidence of good moral character, and must be at least twenty one years of age.

3rd—He must have attended two full courses of lectures in some respectable Medical School, one of which shall have been in this College, and must exhibit his tickets, or other satisfactory evidence thereof to the President of the Faculty.

4th—He must have studied medicine not less than three years, with a respectable practitioner,—practiced dissection and attended clinical instruction at least one session.

5th—He must present to the President of the College, at least a month before the end of the term, a thesis of *his own* composition, on some medical subject; and, at his final examination, exhibit to the Faculty satisfactory evidence of his professional attainments.

6th—He must, before he receives the degree, acknowledge the right of the Faculty to revoke it, should he engage in quackery, or be guilty of gross unprofessional conduct.

7th—Four years practice will be considered as equivalent to attendance on one course of lectures, a certificate of which must be presented at the time of matriculating, or handed in with the Thesis.

8th—The degree will not be conferred upon any candidate who absents himself from the public commencement, except by especial permission of the Faculty. The commencement for conferring degrees will take place immediately after the close of the lecture term.

9th—The Ad Eundem Degree will be conferred on Graduates of other respectable Colleges, upon passing a satisfactory examination, paying the Graduation fee, and the presentation of evidence of a good moral and professional character.

10th—Examinations will not be granted before the regular time except in cases of extreme emergency, and then to advanced Students only.

FEES.

PROFESSORS'S TICKETS	FREE
MATRICULATION	20.00
DEMONSTRATOR'S TICKET	5.00
HOSPITAL TICKET	5.00
GRADUATION	25.00

TEXT BOOKS.

SURGERY.—Druit, Pirrie, Erichsen, Miller's Principles, Miller's Practice.

PRACTICE—Watson, Williams' Principles.

ANATOMY.—Gray, Quain, Wilson.

CHEMISTRY.—Turner, Fownes, Gardner, Sillman, and Kane.

MATERIA MEDICA.—Pereira, Dunglison, and Beck.

MIDWIFERY.—Churchill, Ramsbotham, Miller, Meigs.

PHYSIOLOGY.—Richardson, Carpenter, Muller.

MEDICAL JURISPRUDENCE.—Beck, Wharton, Stille and Taylor.

BOARDING.

Good boarding, including fuel and lights, can be obtained at from \$3 to \$4 per week. Students, by calling at the College building on their arrival, will be conducted to places of boarding, and furnished with all necessary information.

For further particulars, address, **A. H. BAKER, M. D., President.**
Residence 316 West Sixth street.

CATALOGUE OF STUDENTS, 1859-60.

NAMES.	RESIDENCE.
Allen, J. P.....	Ohio.
Arnold, G. W.....	Ohio.
Baker, B. Rush.....	Ohio.
Bain, J. W.....	Illinois.
Baker, C. F., M. D.....	Michigan.
Baker, A. Haller.....	Ohio.
Beck, Wm. Herod.....	Ohio.
Beeman, George.....	Illinois.
Bennett, Theodore.....	Indiana.
Blair, Jonathan R.	Virginia.
Blackburn, J. C., M. D.,.....	Ohio.
Boeton, Laban.....	Ohio.
Canaday, Nathan H.....	Indiana.
Campbell, Warren M.....	Ohio.
Carter, David M., M.D.,.....	Ohio.
Chaffee, Wm. C.....	Indiana.
Chappelear, Henry C.....	Ohio.
Cheuveront, Jesse.....	Virginia.
Child, G. F.....	Minnesota.
Clark, C. K.....	Ohio.
Crowell, Mayhen.....	Ohio.
Cutter, G. F.....	Wisconsin.
Davis, John M.....	Indiana.
Denny, De Witt Clinton,.....	Indiana.
Dubler, Wm. H.....	Kentucky.
Earley, Charles R.....	Pennsylvania.
Egbert, J. B.	Ohio.
Elwood, Robert.....	Iowa.
Einery, Samuel S.....	Ohio.
Eweing, James.....	Ohio.
Fletcher, James H.....	Kentucky.
Fouts, L. C.....	Ohio.
Glezen, H. W.....	Indiana.
Gooden, L. J.....	Ohio.
Gordon, Sidney C.....	Ohio.
Goss, John H.	Ohio.
Graves, S. F.....	Ohio.
Gunder, Nathan C.....	Ohio.
Hilliard John F.....	Indiana.
Holcomb, Harley.....	Illinois.
Hooyen, Warren E.....	Ohio.

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Hooven, Enoch P.	Ohio.
Howland, E. M.	Ohio.
Irwin, Joseph A.	Missouri.
Johnson, R. P.	Ohio.
Kelso, J. S. B.	Indiana.
Kelso, W. H.	Indiana.
Kempton, Sol. D.	Indiana.
Kuapp, Hiram L.	Pennsylvania.
Leonard, Valentine	Ohio.
Lewis, Charlie W.	Kentucky.
Lewman, George W.	Indiana.
Luskins, Robert.	Ohio.
Martin, James C.	Pennsylvania.
McKinnon, John.	Canada West.
McLoughlin, James C.	Ohio.
McPheeters, John S.	Indiana.
Millard, Samuel H.	Michigan.
Moore, R. P.	Indiana.
Moore, John K.	Ohio.
Morrison, Francis W.	Ohio.
Nimmon, Wm. H.	Indiana.
Osgood, Samuel.	Ohio.
Owsley, Joshua B.	Ohio.
Phemister, David H. (since deceased).	Indiana.
Plumer, William D.	Ohio.
Plummer, H. S.	Illinois.
Pomeroy, Orange.	Ohio.
Quivey, A.	New York.
Reed, Richard C. S.	Indiana.
Reed, Joseph.	Indiana.
Reeves, Abraham.	Indiana.
Richards, Alva.	Ohio.
Ross, J. Turner.	Indiana.
Seals, C. A.	Ohio.
Seegar, L. M.	Ohio.
Simmons, T. C.	Ohio.
Smith, B. J.	Pennsylvania.
Spencer, Oliver.	Ohio.
Spencer, Robert.	Indiana.
Stokely, Quinton T.	Missouri.
Strickler, J. Everets.	Ohio.
Sweezey, John M.	Michigan.
Thompson, W. Eberle.	Ohio.
Thropp, J. S.	Ohio.
Tulley, John.	Ohio.
Turner, Peter F.	Ohio.

Waller, H.....	Missouri.
Watkins, George W.....	Indiana.
Watkins, John S.....	Ohio.
Weyer, Geo. W.....	Ohio.
Weyer, John A.....	Ohio.
Williams, Wm. J.....	Iowa.
Woodward, Wm.....	Louisiana.
Woolen, Greenly V.....	Indiana.
Woolsey, Isaac Gray.....	Tennessee.
Wooster, David.....	Ohio.

GRADUATES OF SESSION 1859-'60.

The degree of Doctor of Medicine was conferred upon the following gentlemen, at the annual commencement of the Cincinnati College of Medicine and Surgery, held in Sixth Street Chapel, February 16th, 1860.

NAME.	RESIDENCE.
Allen, Peter D., <i>Honorary</i>	Ohio.
Baker, Charles F. <i>Ad Eundem</i>	Michigan.
Beaman, George.....	Illinois.
Beck, Wm. Herod.....	Ohio.
Canaday, Nathen H.....	Indiana.
Cheuveront, Jesse.....	Virginia.
Davis, John M.....	Indiana.
Denney, De Witt Clinton.....	Indiana.
Earley, Charles R.....	Pennsylvania.
Elwood, Robert.....	Iowa.
Emery, Samuel S.....	Ohio.
Eweing, M. D., <i>Honorary</i>	Ohio.
Gordon, Sidney C.....	Ohio.
Goss, John H.....	Ohio.
Gunder, Nathen C.....	Ohio.
Kelso, J. S. B.....	Indiana.
Kempton, Sol. D.....	Indiana.
Knapp, Hiram L.....	Pennsylvania.
McPheeters, John S.....	Indiana.
Morrison, Francis W.....	Ohio.
Nimmon, Wm. H.....	Indiana.
Plummer, Hiram S.....	Illinois.
Pomeroy, Orange.....	Ohio.
Reed, Joel, <i>Honorary</i>	Indiana.
Reed, Richard C. S.....	Indiana.
Reeves, Abraham.....	Indiana.
Sweezy, John M.....	Michigan.
Thompson, Wm. Eberle.....	Ohio.
Turner, Peter F.....	Ohio.
Weyer, John A.....	Ohio.

CINCINNATI
MEDICAL AND SURGICAL NEWS.
NEW SERIES.

VOL. I.

CINCINNATI, AUGUST, 1860.

No. 8.

MISCELLANEOUS CONTRIBUTIONS & SELECTIONS.

Cases in Obstetrical Auscultation.

BY PROF. J. H. TATE, M. D. CINCINNATI, O.

Jan. 1853. Saw Mrs. B. at the house of Mrs. St., was informed that her daughter had been for some time troubled with indigestion, had occasional attacks of vomiting, and that her menses had disappeared. She said she had some idea of sending her into the country, but before doing so had been advised to consult me.

The next afternoon she came with her daughter to my office, I found the latter to be a rather voluptuous looking damsel, of some seventeen summers, with breasts quite prominent without the aid of cotton; and an abdomen which either the dropsy, or something else, had pushed out rather beyond the anti-hymenial line; you must know that at this time that felicitous contrivance (crinoline,) for concealing errors had not yet come into fashion.

Miss B. was invited into my consultation room, and in less than five minutes, without informing her of my suspicions or purposes, I had been counting the pulsations of the foetal heart.

I at once made known to her, her true condition, but she denied quite stoutly that *she* could possibly be pregnant. On being informed, however, that the child's heart had been heard beating in her womb, and that there could be no mistake about it—she in a rather subdued manner admitted that she might be *enciente*.

On passing into the front room, and informing her mother of what had taken place, she remarked that she rather suspected something of the sort herself, yet previously she had given no intimation whatever to me of entertaining any such disparaging opinions of her daughter's character, nor had I had any knowledge of the position or circumstances of the parties before. Now when we contrast the delicacy, refinement and certainty of such an examination, with the disgusting *touche*, and *ballotement*, and their relative uncertainty, we may well rejoice in the discovery of Mayor, and may be surprised that notwithstanding the immense hospital advantages afforded by our large cities, that nearly all our medical schools send out graduates who cannot tell whether a woman is

pregnant or not, and if pregnant, whether the fœtus is alive or dead in the womb.

Case No. 2, 1858. Was called about four in the afternoon to see Mrs. P., on east Front St. Found her lying on the bed, and as she supposed in labor with her fourth child. She was apparently a healthy woman of thirty-five years of age, I was told that she had been in labor since breakfast, but the pains seemed to be very slight indeed. I made a hasty examination, and not perceiving any likelihood of a speedy termination to the case, I returned to my office. At seven o'clock I was summoned to see the patient again, and examined the case more particularly. The woman lay with comparative ease upon her bed, and had a good pulse, without coldness or clamminess of the extremities.

She now told me that previous to my first visit the women had attempted to lift her up in the bed, and that all at once she felt something give way, and that immediately the child seemed to mount in the abdomen, and press up under her ribs on the right side. She said that although she was quite comfortable as long as she lay perfectly still, that the turning of her body gave her the most agonizing pain, as she could feel the child rolling over in her abdomen.

I made another examination per vaginam, and could discover no presenting portion whatever of the child. The stethoscope was now employed, and after a very careful examination I could detect neither uterine murmur nor fœtal pulsation. *The child was evidently dead, and had escaped through a rent in the uterus, in part, or in whole into the abdominal cavity.* I then informed the friends what was my view of the case, and its probable results, and we agreed to send for two physicians in consultation. They also sent for their spiritual advisor to whom I candidly stated the nature of the case.

The messenger who was sent after the medical aid, returned with the statement, that one of the physicians was out of town, and that the other had a professional engagement. It was now twelve o'clock at night, and as the woman gave no symptoms of sinking, and the child was already dead, I concluded to leave the case until morning.

At four o'clock in the morning I returned to see my patient, and found her quite comfortable, but learned that during my absence another practitioner had been called in, had introduced his hand, had turned the child, and had delivered it by the feet. The woman died the second day after the delivery, and no post mortem examination was held. On meeting with the practitioner a few days after, who effected the delivery by turning, I explained to him my view of the nature of the case, and he agreed that I was probably correct, for, said he, I noticed when removing the placenta that my hand moved about among the intestines.

Where the uterus is ruptured, and the child is retained in the abdomen, there are three courses which have been pursued :

1. To leave the case to nature.
2. To turn and deliver the child per vaginam.
3. To perform the Cæsarean operation, and deliver the fœtus through the abdominal walls.

Dunn, Morlane, Lecieux and Bartholin relate cases where the first plan was pursued, and yet their patients recovered—the remains of the fœtus passing off by the bladder, rectum or stomach. But such results are not to be anticipated; most women would, no doubt, succumb during the inflammation and exhausting suppuration which must take place before the complete delivery of the fœtus.

When the child is retained in the uterus, if easily reached, the second plan would seem to be the best.

When it has escaped into the abdominal cavity, the Cæsarean section affords the best chance for the mother's recovery. Dubois, Labron, Powell, Neville, and Fries report cases which have recovered after this operation.

Case 3, Aug. 1860. Was called to see Mrs. D. in her third pregnancy, one of her previous children being still-born; the other, now living, was born after a labour of thirty-six hours.

She supposes herself at full term, and has now and then a pain which seems to be that of labor. On making an examination per vaginam, I found the os high up and but very slightly dilated, and a head presenting.

The labor progressed very slowly, and I was detained, in a state of inactivity, during the night and until eleven o'clock the next morning, awaiting the opening of the os uteri. At this time, finding the os well dilated, but the pains not forcing down the presenting part, I concluded to rupture the membranes, hoping, by this means, to give greater efficiency to the contractions of the womb. A very different result, however, followed, for from this time until two o'clock the uterine contractions were almost completely suspended.

I was early struck with the unusual conformation of the uterus, for instead of its usual circular appearance, the surface of the abdomen was flattened, and there was a kind of sulcus running nearly parallel with the linea alba from above downward, leaving apparently a body on one side of it and another on the other. On examining the surface on the right side of the linea alba with the stethoscope I could distinctly hear the pulsations of a foetal heart, but on the left could neither hear the uterine murmur nor any other sound pertaining to foetal life. I endeavored to verify my diagnosis by placing the woman in various positions, sometimes on her back and sometimes on her side, but without finding any difference in the character of the sounds.

By palpation I thought I could plainly distinguish the head of a child on the left side of the linea alba. *My conclusion, therefore, was that the woman was pregnant of twins, and that one of them was dead, and the other living.*

At two o'clock, the pains not returning, I concluded to try the effect of ergot, and commenced giving the powder which had been infused in hot water. This she continued to take at intervals until half an ounce had been given, and although the continued and anguishing contractions were soon produced which characterise the action of ergot, yet the pains were very inefficient so that at four o'clock the head of the child laid in the pelvis without moving forward during the slight expulsive efforts of the womb. The day being very hot—thermometer 100° in the shade—and the woman well-nigh exhausted, I determined to resort to the forceps. I went for my instruments, and likewise took with me on my return my young friend Dr. Goddard. We found matters in pretty much the same state as when I left an hour before. He, like myself, could plainly distinguish the foetal pulsation, observed the flattened surface of the abdomen, and the furrow along the center from above downwards, and coincided in the view I had taken of the nature of the case. We now informed the friends of our determination to deliver by the forceps, assuring

them that no instrument would be used calculated to injure either the mother or her offspring. They, however, insisted that we should wait until their religious advisor could arrive, and this, together with the ceremonies which followed, occupied three quarters of an hour. At his departure we proceeded at once to effect the delivery. The first child was very soon delivered by the forceps—it was of a dark purple color around the neck, and various prints of ecchymoses indicated that it had been dead some days. A foot of the second child presenting was seized and it was, in a few moments, delivered. It was quite warm. Its general appearance was in striking contrast to the first born twin, but unfortunately the heart had ceased to beat, and, though evidently but a short time dead, all efforts at inducing respiration were unsuccessful.

Hydrargyrum cum Creta.

The chemical changes, dangerous results, mode of preparation, and directions for analyzing.

By JOHN C. BECK, M. D.

Physicians in extensive practice, having prescribed Hydr. cum Creta frequently, no doubt, have observed an unaccountable difference in the effects or action of the specimens used when similar prescriptions had been filled by different, and often the same druggist, at different times.

I had occasion, recently, to suspect, if nothing more, almost criminal negligence in filling the following prescription :

Rx.—Hyda. cum Creta, grs. x : Sulph. Morph., grs. ii : M. ft. chart, No. xvi.

Every powder taken caused extreme pain, vomiting, and thirst and the distress was so great that my patient discontinued the medicine till he could see me again. From the history of each dose taken, I was induced to try a similar prescription at another drug store, which I did, with very pleasant and satisfactory results. I then examined into the cause of this discrepancy, and for that purpose obtained an ounce from the same store, and a similar amount from other druggists, to analyze, the result of which will be given towards the close of this article. The process for analyzing is simple, and any physician can examine specimens for himself.

In several instances the specimens examined were so defective that pressure with a spatula would liberate numerous globules of metallic mercury, showing one of two things, that the specimen had not been triturated enough, or it had been decomposed, and a portion of the mercury had become oxydized, setting free a portion of the metallic mercury and peroxylizing another portion. Exposure of a good article to light will, in a short time, cause this effect. Instead of quoting what Wood and Bache, Royle, John B. Beck, and other writers on this article have said about the composition of Hydr. cum Creta, I will give the result of my examination of some twenty authors. They are almost unanimous in pronouncing it a mild and safe remedy for children or adults, and recommend it very generally as more mild than calomel. Without further inquiry I will state that all the specimens examined which were prepared by triturating in a mortar by hand were free from the binocide except a

trace. These specimens would be safe even for children. One specimen examined, which I supposed was prepared by steam power, exhibited 15 per cent of the binoxide, which would be easily converted by the hydrochloric acid of the stomach into corrosive sublimate, and consequently it would be fatal to children even in small doses.

There can be little doubt that the violent effects often produced by the administration of grey powder is due to the presence of binoxide of mercury, which is changed by the hydrochloric acid of the stomach into bichloride of hydrargyrum. As an instance, administer five grains of the grey powder containing 15 per cent of the binoxide of mercury, the hydrochloric acid of the stomach will form one grain of bichloride of mercury, which would be a fatal dose for a child, and a coroner's jury of inquest would render a verdict of "Death caused by the administration of corrosive sublimate," when, in reality, it was the peroxide, till it combined with the hydrochloric acid of the stomach, and the bichloride of mercury was the result of the union. Suppose the quantity larger 20 or 40 grains, and it is administered to an adult, and from 4 to 8 grains of corrosive sublimate be found on analyzing the contents of the stomach, then if the nurse or some person about the patient be found to have had a grudge or to have quarreled with the patient; in a word, a "motive" be proven, *circumstantially*, almost any jury would convict the accused; when the corrosive sublimate found in the stomach would be due to a chemical change of the remedy, and an innocent person might suffer the consequences of this accidental combination.

Some years ago I mentioned this as prejudicial to the use of any mercurial preparation liable to this conversion. *Mass ex Hydr.* is not liable to this change, even when made by machinery—which latter circumstance might render *Hydr. cum Creta* liable to suspicion—is found to be free from the oxide, except a trace. One specimen only of all that I have examined contained any of the oxides above a trace. This specimen had not been properly prepared, and had become very hard and dry, which, after being reduced to a powder and analyzed, was found to contain nearly two per cent of the binoxide. This result, I believe to be partly, if not wholly, due to the immense friction in the light and in the open air used in pulverizing the sample.

Upon the whole, I am inclined to the opinion that "blue mass" is the safest mercurial we have. It consists of finely divided particles of mercury in a metallic state, and the saccharine substance used in its preparation preserves it from oxydizing. Blue mass may be mixed with honey or any simple syrup, and in this way small doses may be given instead of *hydrargyrum cum creta*, which, we must admit, as found in commerce, is an article of no uniform strength, that it is sometimes a mild and safe, and at other times a dangerously active medicine.

A friend has kindly promised me the result of his examinations of specimens which I shall present perhaps at a future time.

The following are the processes for determining the oxides, etc.: The specimen is weighed accurately, and first treated with warm hydrochloric acid, which dissolves the peroxide, forming corrosive sublimate, and converts the protoxide into calomel, which is left behind with the metallic mercury. The amount of peroxide is determined by precipitating the mercury from the solution of bichloride with protochloride of tin, and the precipitate is weighed and calculated into peroxide.

The amount of protoxide is ascertained by treating a separate portion of the grey powder with hydrocyanic acid. This acid, without attacking the chalk, very readily dissolves the whole of the peroxide, and one-half of the protoxide. This latter oxide being converted into bityanide of mercury and metallic mercury. The mercury is precipitated from the bityanide as in the previous case with protochloride of tin, and the amount of precipitate obtained from the bichloride, as ascertained by the previous analysis, having been deducted from this, the remainder multiplied by two, and calculated into protoxide, will give you the amount of protoxide contained in the specimen. This method, with perhaps some slight addition or modification, you can use, but this process affords very accurate results, and is easily followed, requiring two analyses to determine the quantity of protoxide, whilst only one is required to ascertain the amount of binoxide.

The results of analyzing various parcels of the hydrargyrum cum creta revealed the fact that there is no exact ratio of oxide and binoxide in any article you may have presented. For example, a specimen containing 15 per cent of binoxide sometimes contains but 4 or 5 per cent of protoxide; whilst others again may have between 10 and 15 per cent of protoxide, and a very slight trace of the binoxide; and those prepared by manual labor, with pestle and mortar, for immediate analysis, seldom contain any noticeable quantity of the binoxide, and not more than one-half per cent of the protoxide. There are all shades and fractional shades of difference between these extremes.

In conclusion, I will venture a suggestion to our friends and brethren in the country and city, who are engaged in filling prescriptions. Hydr. cum creta should be prepared by manual labor with pestle and mortar, and should not be used after it has acquired much age; refuse all specimens in which moderate pressure will produce globules of metallic mercury; druggists should prepare their own hydr. cum creta, and refuse that made by the steam engine.

Any person feeling an interest in this subject, by a little careful observation might bring out some valuable suggestions; any such would confer a favor on the writer by communicating to him the result of their inquiry.

I will not enter, at present, into a discussion of the effect produced by a combination of morph. sulph. with hydr. cum creta, but will perhaps recur to this at some future time.

A Letter from Minnesota.

PROF. BAKER.—The accompanying letter, (if published in your Journal) will, I am persuaded, be read with much interest by most of your subscribers. The change of climate is a matter of great, and very often, of paramount importance to both physician and patient. How often are we questioned in reference to this very matter, and who does not feel the solemn responsibility resting upon him, in giving an answer which he knows will decide the future course of his patient, and in all probability cause the scale of life or death to preponderate sooner than it would under existing circumstances? The *fashion* is, to send our consumptive patients to warm climates, and with what success? I presume the sta-

tistics, (if correct ones were made out) would give a most melancholy answer. How very few ever returned with improved health, how many, how *very many*, return just in time to prove the folly of the *experiment*, and how much greater is the number, that find a premature grave among strangers, in a strange land ? Let the facts, in every physician's experience, answer these questions.

I know of many very flattering reports in reference to the results following a removal to the cold region of the north-west, and the effect has not been merely temporary, but a return to perfect health ; unless in cases in which disorganization of the lungs had progressed to so great a degree as to make such a thing impossible. Of the truth of this, we can not be very sceptical, for we know, that *regularity* of temperature is peculiarly advantageous in all pulmonary affections, and without it, we find it to be extremely difficult to arrest the progress of the disease, even for a short time, to say nothing of the impossibility of effecting a perfect cure.

The climate of Minnesota is peculiarly bracing, and the seasons are not subject to frequent and sudden changes, as is this portion of our country, in which consumption is yearly making such fearful inroad on human life and human happiness. Instead of enervating both body and mind, as does the South, it produces a directly opposite result ; and those who go there, at once find their appetites sharpened, their strength increased, and their mental powers restored to their original standard.

My object is not to write an essay on the subject, but merely to call attention to it ; for surely if any thing better can be done for this unfortunate class of sufferers, than we have been in the habit of doing, every physician will hail with joy, even a probability of wresting from the fell destroyer some of his heretofore almost omnipotent power.

Respectfully, B. S. LAWSON.

Hastings, Minnesota, July 26th, 1860.

B. S. LAWSON, Dear Sir ;—It is, probably, time that your patient should report. My brother informed me that he reported my case occasionally to you. I have, therefore, delayed writing until I should have a fair opportunity of trying this climate and making just observations.—I spent about half the time since leaving your city in upper Iowa ; I found the weather there a decided improvement upon that of our own State. The month of April was windy—very windy, but the air was dry and bracing, and did not occasion me any injury. I was with a brother who lives on a farm, and by working, playing, fishing and hunting, I found a slow and gradual improvement of health. I was there some six or seven weeks. A number of farmers and mechanics in that neighborhood, who had been afflicted with various forms of throat and lung disease in other States, had found permanent relief by a residence there.

Persons on the boats gave flattering accounts of the fine climate of Minnesota, and I was induced to visit that region. On my arrival here I found that the people were perfectly enthusiastic about the healthfulness of this country. I have been here long enough to form an opinion of my own ; from actual observations, my cool, deliberate and candid judgment is, that the reports have not been exaggerated. There are in this town about 2,000 inhabitants, and among them are representatives of

nearly all the States of our Union, and of many European countries. There are four or five physicians living here, I think that not more than one of them is wholly dependent on his practice for a livelihood. Some other business must support them while they attend to the small number of patients.

I have been astonished to find so many men here who came as invalids—some despairing of ever getting well again—and who now enjoy either good health or a sufficiency of it to enable them to attend regularly to business. There is one Methodist preacher in Hastings, and another about three miles above town, both of whom were laid aside in Indiana, with severe hemorrhage, but who now are preaching regularly. Another, traveling on a circuit immediately back of us—who was prostrated by dyspepsia and lung difficulty—has been here nearly three years, and looks now the picture of health. Ministers from many states, and of nearly all denominations, who were completely laid aside elsewhere, are found to be effective in the pulpit here. Many of all classes, many of whom I could name, have been much benefited by a residence here. Physicians say that the great majority, nearly all, are either cured or much improved; especially, persons suffering from disease of the throat or that of the lungs, or from dyspepsia. Some persons come here who are *far gone* with consumption, and the flame of life burns brightly for a few days; but, suddenly they die. I have found a few who have here contracted disease of the lungs, and have heard of a few having died.

The healthiness of the State, I think, is to be attributed to several circumstances, some of which I will mention.

The air is *always dry and bracing*, and the atmosphere exceedingly pure, so that, with the naked eye, objects ten and even twenty miles off, can be distinctly seen. I mean small objects, such a horse, mound, rock, etc.

The soil is sandy, so that, when it rains, the water does not stand on the ground. Hence, there is no mud or fogs.

The weather is exceedingly warm in the summer. I should expect the thermometer to reach as high a degree as in Ohio; but persons do not suffer much from the heat, because there is a constant, cool breeze passing over the land.

The nights are cool. We generally find no inconvenience in having two covers on the bed at night. Persons, thus, are always sure of refreshing rest, and awake in the morning with a clear mind and an invigorated body.

The changes in the day are gradual, and we have to adapt dress to the time of day. These changes, however, of weather are few and *very* gradual. Physicians and others speak of autumn and winter as being most favorable to health. There is seldom any rain during these periods: they say, no rain from about the 10th of November, until the 10th of March. The winter weather is exceedingly cold, but uniform. The sun shines brightly, but there is no melting; no dampness; all dry. Even furniture, in winter, is liable to fall to pieces on account of dryness of atmosphere. They say that the cold comes on slowly, and though they feel it keenly when the hard freeze comes, yet they soon get accustomed to it, and enjoy themselves finely. Farmers have told me that they never had cattle to do so well anywhere during winter as here. *The spring is somewhat windy*, and therefore not so pleasant.

There is one fact worth noticing, and of some importance, in estimating the healthiness of this land, and that is, that a man's appetite becomes almost ungovernable. "Have you got the Minnesota appetite?" was a common question when I first came.

The scenery is beautiful. He that has an eye for lovely and picturesque landscapes can be gratified here. The waters of the lakes and rivers are pure and clear as crystal. The country is all dotted over with small lakes, and many of these abound in choice fish—pickerel, pike bass, etc.

This State is destined to have a large population. The wheat, oats and potatoe crops will create a sensation this year in the country. I never saw a more promising harvest.

I have thus noted down without order a few things. If I can get more reliable information, tables of weather, etc., I will write more definitely hereafter.

In reference to my health, I will state a few things. I steadily improved for nine or ten weeks after leaving home. I then took cold from getting wet, and my cough returned with increased expectoration. My cold hung on me for about three weeks, and, although I lost ground, I did not become prostrated. The irritation about my throat was violent, and then passed into my lungs, and I had copious expectorations, and during three days a little blood, occasionally with it. I was uneasy, but kept "on the go" all the time. It is now about two weeks since the cold gave way, since which time I have been constantly improving again. I expectorated freely a heavy yellowish matter, such as I did in the spring. Before taking cold it had almost ceased, and did not amount to a thimble full per day. I have no cough, save when I expectorate, and this latter is generally done by clearing the throat. In every respect I feel perfectly well, excepting the irritation of the lung. In eating and sleeping I am equal to my best days. I am not quite as strong as formerly, but am able to go all day and manage to keep up with others very well. My voice is clear and strong. There is no husky sound about it. My pulse still keeps up—nearly 80—from 76 to 84 per minute. My weight is about the same as when in Cincinnati. There has not been a variation of two pounds since last winter.

I have avoided using my voice publicly, though I am beginning to think that I may soon resume pulpit labor sparingly. I am often urged to preach, and when I say that health will not permit, I am always met with the reply, "You don't look like a sick man. I suppose that I could travel anywhere without being taken for an invalid. I concluded, some time ago, to quit complaining, and to consider myself well. There is one drawback upon me, that is, I cannot use my lungs as I used to do.

In summing up the case, the report shall be *progress*.

The facilities for hunting and fishing are fine here, and I have made good use of them, believing that they will bring me out yet.

Now, if you have any suggestions, advice, prescriptions, etc., I would be glad to receive them. I have enjoyed much better health this summer than I had expected, and have been able to be moving about nearly every day since I came west. I feel myself indebted to you as my benefactor. I feel thankful to my Heavenly Father that I enjoy so much health, and I still indulge the hope that I may be so restored as to be able to engage in that work which lies so near my heart.

Yours,

H. T. MAGILL.

HYPNOTISM.

PROF. BOWLING :—In the June number of your Journal I noticed an article upon the Subject of Hypnotism, translated from *L'Abeille Medicale*, by Dr. Shapard, of Flat Creek, Tenn. I concluded to try the experiment, which, though novel, still is so simple, and which had been successfully performed by Mr. J. Baird, and afterwards repeated by M. Azam, agregre professor in the surgical clinique of the Medical School of Bordeaux

The subject of my first experiment was a young lady, in good health, aged about seventeen years. She was seated in an easy chair, and a spectacle glass placed about ten inches from the eye, in the median line of vision. A candle was then placed in a position so as to be seen in the glass. When all was arranged, I directed her to look solely at the candle reflected in the glass, and in about six or eight minutes I discovered the telling effects of the experiment. Her eyes began to look very red, her countenance remained immovable, her respiration at the same time becoming difficult, with contraction of the ocular and palpebral muscles,—a condition resembling catalepsy ;—the eyes at this time becoming perfectly closed,—indeed, she was asleep. Finding her in this condition, I determined to ascertain whether she was insensible to pain, and pinched her several times without provoking the least motion. Her hand being raised, unlike M. Azam's patient, fell powerless as one in deep sleep.

Being fully satisfied that there was a reality in hypnotism, I concluded to bring this provoked sleep to an end. Accordingly I made the spell vanish, by rubbing the eyes, then causing an insufflation of cold air upon her brow, as recommended by M. Azam, whereupon she immediately returned to consciousness, at the same time expressing herself as very much astonished at the condition in which she had been placed, as she had before the experiment, expressed herself as having little or no confidence in it. Being asked if she had felt any pain inflicted, she replied that she had not, but had a very pleasant nap, her only objection being that it was too short.

I then determined to try the experiment upon myself. Accordingly, having seated myself, I directed my attention at the same object as in the first experiment, and soon felt myself becoming drowsy, then fell into a profound sleep, being restored as in the first experiment.

The above is just what I did, saw and felt, which makes me a believer in hypnotism. My experiments suggested to me these questions.—Why does the subject of the experiment sleep? and what causes that sleep? These questions in my opinion are easily answered, mine being that as the object to be looked at during the experiment is to be a bright one, the brilliancy of the object causes a contraction of the pupils of the eye ; at the same time the inflammation caused by looking at the bright object, suffuses the eye with blood, producing a feeling of blindness. This, with the effect it has upon the brain, hurries the individual into the arms of Morpheus !

Yours very respectfully,
W. H. HANCOCK, M. D.

RANDOLPH, Tenn. June 23, 1860.

**On the Treatment of Goitre by the external application of the Bini-
odide of Mercury.**

By J. MILL FRODSHAM, M. D. EDIN.,

Physician to the Farringdon General Dispensary and Lying-in Charity.

Upwards of two years have now elapsed since Dr. Moreal, Inspector of Gaols, Bengal, brought before the notice of the profession the successful treatment, adopted by Captain Cunningham, of the 11th Irregular Cavalry, for the cure of goitre by the external application of the biniodide of mercury. Since then, so little notice has been taken of this remedy, that I am induced to recall attention to it as a most valuable agent in these otherwise tedious and too often intractable affections. I have myself had considerable opportunity of testing its efficacy, and always with a most fortunate result. A certain amount of difficulty is, however, experienced in its application, as the influence of the solar rays appears to be absolutely essential to its curative action, and therefore in this country it can only be adopted with perfect success during a few of the summer months. The following is the plan I have invariably pursued with the patients under my care :

An ointment of the biniodide (biniodide of mercury, 16 grs. ; lard, 1 oz.) has been rubbed first into the swelling for several days. Then seizing the opportunity of a powerful mid-day sun, the patient has been exposed to its influence, the throat being thoroughly smeared with the same application, and the head well elevated. It is generally borne for upwards of an hour, when a severe *sensation* only of blistering is produced. The patient should then be allowed to return home, and cautioned *not to rub off* the ointment.

Dr. Moreal suggested the application of artificial heat ; and thinking it possibly might have a similar influence, though in a modified degree, I made several experiments though, I regret to say, with but little success. In one case I caused the patient to sit before a large fire ; in another, I held a hot flat-iron a short distance off the swelling. In the latter case the pain was so great as to demand immediate discontinuance.

Some of the cases in which this treatment was most eminently successful had been of long standing, and all the usual remedies, both internal and external, had been tried in vain. One woman had suffered from the swelling for four years, and for upwards of one year had been taking the iodide of potassium internally, and applying the iodide-of-potassium ointment externally, but without deriving the slightest apparent benefit. The biniodide was only applied once ; and before the expiration of a month a diminution of two inches by measurement in the size of the tumor had taken place. At the end of six months no sign of the former disease was perceptible.

The superiority of this mode of treatment consists in its great cleanliness, its not discoloring the skin, and causing no external breach of surface, together with its speedy remedial action (one application generally sufficing.) As to the *modus operandi*, whether it is due to rapid absorption, or to chemical changes, is, I believe, as yet undecided.—*London Lancet*.

Operations for Knock-Knees by the Subcutaneous Division of the Tendon of the Biceps Femoris, with Cases.

By A. G. WALTER, M. D., OF PITTSBURGH, PA.

THE deformity known by the name of "*knock-knee*," though not of frequent occurrence, and generally not of a nature to deprive the person thus affected of active locomotion, is nevertheless a serious and unsightly infirmity. Mostly originating during infancy and childhood, in consequence of weakness of the muscles of the lower limbs, orthopædical means have been resorted to with the view of restoring the knee-joint to its original position. The process of restoration, however, has usually, after much time and labor spent by the surgeon, and discomfort endured by the patient, been very slow, imperfect, and mostly unsuccessful. Though the principle upon which mechanical appliances are to act in redressing the deformed joints is a plain one, the proper adjusting and retaining the same upon the limbs of the patient for locomotive purposes is not only irksome and painful, but mostly fruitless. Considering the anatomico-pathological relation of the deformed joint, we find that the *head of the tibia* is not only thrown *inwards* from its natural line with the femur, but at the same time *somewhat twisted around its axis*, the outer portion of the glenoidal surface of the tibia being received by the posterior part of the condylus externus. On the inner side of the joint there is diastasis between the inner condyle of the femur and the head of the tibia, the inner ridge of the latter being somewhat in advance of the inner condyle of the femur, while the outer ridge of the tibia is drawn behind and in close proximity with the posterior surface of the external condyle of the femur; the head of the tibia, too, being brought in close apposition with the condyle. This unnatural deviation and twisting being brought about by the yielding of the fibrous and muscular apparatus of the inside of the knee-joint under the weight of the body, in consequence of the impaired innervation of the muscles of the limbs, cannot last without structural contraction taking place on the opposite side of the joint. Thus we find that the tendon of the biceps femoris, being inserted into the upper part of the fibula, is in a state of structural tension during the attempt of forcing the limb into its natural position, while the knee-joint is kept extended. But in the flexed position, the configuration of the joint appears natural, and the action of the corresponding bones normal, no contraction of the muscles inserted into the crus being perceptible. The moment, however, the joint is extended and the head of the tibia prevented from twisting around its axis, the tendon of the flexor biceps becomes tense, and resists the attempt made to bring the femur and crus into their natural line.

No mechanical contrivance of our suggestion, or that of any other surgeon, being able of overcoming this tension of the biceps, and of preventing at the same time the semi-rotation of the head of the tibia, *subcutaneous section* of the implicated tendon *alone* seemed to promise relief. Though sanguine of success by tenotomy, still permanent relief without a long continuance of the supporting apparatus to the joint, appeared doubtful in cases of old standing, as it was reasonable to suppose that absorption of the articulating surface of the outer half of the joint, and new bony deposit upon its inner half, would have taken place. The

joint thus altered, and its articulating surfaces changed from the transverse to the oblique, being but illy able to support itself, would easily be displaced without steadiness being given to it for a long time, till by nature's absorbent and modelling power the corresponding surfaces had again returned to their original shape.

Experience, however, has not verified these conjectures. The articulating surfaces being but slightly, if any, altered, and structural contraction overcome once by tenotomy, the joint becomes restored to its natural position, and remains normal, a supporting apparatus only being needed for a comparatively short time.

Not being aware of any attempt to relieve this deformity by division of the flexor biceps femoris, none having been made public, I may lay claim to originality in offering the result of the following cases as confirmatory to the success of the practice, which recommends itself by being painless, easy of execution, and of speedy effect, not depriving the patient of the use of his limbs but for a few weeks.

Orthopædia having thus far failed in affording relief in the hands of most surgeons, resection of a V shaped piece from the head of the tibia has been resorted to with success by Dr. Mayer, of Wurtzburg, in 1851, (the case having been reported in the *London Lancet*.) Original, and yet successful as the latter operation has been in the hands of the Doctor, its hazard, however, and the prolonged confinement to which the patient had to be subjected in consequence of it, cannot fail to prevent its introduction, the necessity being entirely superseded by the successful results of *tenotomy*, in conjunction with gradual extension, as shown by the report of the following cases :

Walter Pope, 4 years of age, of Pittsburgh, was born well formed and healthy. When one year old dentition, accompanied by diarrhœa, reduced his strength, in consequence of which lateral deviation of both knee-joints gradually and steadily took place. The upper part of his body grew naturally, the lower limbs remaining placid and diminutive.

He is tolerably active, still falls frequently, both knee-joints touching each other, while the feet are widely separated, the patient resting on the inside of the foot, with the toes pointing outwards. The deformity is very great ; the deviation of the crus from the natural line of the femur amounts to some seven inches. There is a semi-rotation outward of the head of the tibia, occasioned by the contraction of the tendo bicipit. femoris. On flexing the knee-joint the deformity disappears, but returns on extending it. The natural line of the tibia, also, has diverged from a concave to a convex one, the curvature being outward and somewhat forward. On October 6th, 1858, assisted by Dr. Henderson, the tendon of the biceps femoris was subcutaneously divided above its insertion into the fibula, the patient being under the influence of sulph. ether, and a tin splint, well padded, and hollow to fit the leg, laid upon the outside of the whole limb, confined by a roller from below upwards. No fever followed. The extension of the joint being daily increased, the patient, a few weeks after, began to stand upon his limbs. A few weeks later walking was commenced, with the knees still supported in the extended position. An orthopædical apparatus was then attached to his shoes, with a joint at the knee, resting upon the outside of the limb, by which the latter were kept in their restored positions. The boy rapidly gained

strength, and was able, in six months, to walk without any support, which had been left off by his parents, the deformity not having re-appeared at the present date.

Peter McCoy, a lad of 16 years of age, of Alleghany city, born healthy. Contracted measles, followed by whooping cough, when three years of age, which reduced him greatly, and prevented locomotion for some time. Some months later he began to walk, when lateral deviation of the knee-joints inwards took place, and gradually increased. The knees touched each other, the feet were widely separated, and the toes everted. The shaft of the tibia, also, bent inwards and forwards under the weight of the body. Various were the appliances tried by his physicians without avail. Tenotomy of the biceps femoris, above the fibula, was made on November 12th, 1858. A hollow tin splint was applied to the limb, and the gradual extension of the joint commenced a few days after. The deformity yielded gradually to the extending force, and was relieved at the expiration of three weeks. The boy began to stand upon his feet and walk with stiff knees for a few weeks, when the orthopædical apparatus was attached to his limbs, allowing him full freedom of motion. This was worn for a year, and then left off, the deformity not re-appearing. The muscles of the crus, before flaccid, have regained their natural fullness; even the shaft of the tibia having perceptibly returned to its natural line.

Henry Galbraith, 6 years old, of Pittsburgh; when born was feeble, thriving but slowly; dentition was slow, and accompanied with protracted diarrhœa. He did not begin to walk until two years old, and then his knees already began to bend inwards. The upper part of his body increased in bulk and strength, while the lower part remained feeble. Locomotion, however, became pretty active, but increased the deformity, which was already very great, the feet turning as in confirmed valgus. The tendo bicipit. femoris was subcutaneously divided May 6th, 1859, under the influence of ether. Extension began a few days after, and was kept up for three weeks. The boy was then allowed to walk, the limb being supported by an apparatus. This was continued over a year, was then left off, no inclination of the deformity to return being perceptible. Since, he has become stronger, and bids fair to pass his childhood in health and vigor.

Mary Ann Eicher, of Pittsburgh, aged 5 years, of decidedly scrofulous constitution, plump and fleshy; was two years old before she could walk, her body being too heavy for the strength of her limbs. When she had passed her third year, scarlatina disabled her from walking for four months. Last fall her knees began to give way without any perceptible cause, gradually bending inwards. Though never active on her feet, she could walk tolerably well, but would frequently fall, the knees striking each other. The deformity in this case, too, is very great; the line of the femur diverges at the knee-joint to almost a right angle, the tibia is curved inwards, the inner side of the soles of the feet touching the ground, with toes everted. On June 12th, 1860, in the presence of Drs. McClelland, of Westmoreland county, and J. Greenawall, the tendo bicipit. femoris was divided, and gradual extension was commenced a few days after; the limbs at present being straight, and the patient already having the use of them, though supported by the outer splint. She walks about with ease, and will be able to dispense with the apparatus some months hence.—*Medical and Surg. Reporter*, July 21, 1860.

A New Method of Dissection.

A great desideratum in anatomy is, to obtain an exact idea of the real position of the internal organs. This, however, is far from being the case in dissections by the common method; since every section made on the body, rendered flabby and unelastic by death, produces a corresponding deformation; the soft parts contract, and nothing but an approximate idea can be formed of the relative position of the exposed parts before the operation. In order to obviate this inconvenience, Dr. Pirogoff, of Russia, has had the ingenious idea of subjecting the body, before dissection, to a cold of eight degrees centigrade (16 Fahr.) for the space of three days. By this means the body acquires a hardness like that of wood, its organs retaining, at the same time, their relative sizes, since the moisture they contain increases by congelation, and thus counteracts the contraction which the solids would otherwise undergo.

The body in this state is subjected to the circular saw, which will cut off slices of the thickness of a one franc piece with the greatest nicety, either longitudinally, transversely, or along the axis of the member. By this means Dr. Pirogoff has been enabled to publish an anatomical atlas of every part of the human body, seen under three different aspects. In order to copy out a section obtained in the manner described, Dr. Pirogoff passes lightly over the frozen slice with a worm sponge; the surface was thus thawed for an instant, but a transparent film of ice is immediately afterwards formed over it. A pane of glass with lines drawn upon it crossing each other at right angles, so as to form so many squares, is then laid on the ice film, and the surface copied out upon paper also divided into squares like the glass.

By this means the greatest precision is attained. The principle of refrigeration has been carried still further by the ingenious inventor, who by exposing the body to a cold of 18 degrees centigrade (four degrees Fahr.) reduces it to the consistency of a stone, and then operates upon it like a sculptor with a chisel and mallet, laying all the viscera open without in the least degree injuring them. It is thus he has been enabled to ascertain that the cavities of the mouth, nose, the tympanum of the ear, and of those of the respiratory organs are the only ones which enclose air, and that everywhere else the surface of all parts of the body adhere immediately to the membranes enveloping the organs they contain; so that, however apparently dissimilar their surface of contact may be, there is still no empty space between them.—*Reporter, Aug. 4th.*

Japanese Doctors.

Our Philadelphia brethren seem to have been sadly hoaxed into the belief that "Dr. Kowasaki Downing" and his brother "medicine man" in the Japanese Embassy were bona fide surgeons, and hence they scared up a number of bloody operations for their instruction. Professor Gross performed lithotomy, and was complimented by the assurance that in Jeddo this was done after the "Dutch fashion." Professor Pancoast amputated at the hip-joint, &c., in their august presence at the Hospital.

It so happens, that these Japanese claimed to have been familiar with

the "silver suture" and other surgical matters for a century or more.— But they must have been posted for the occasion by somebody, since these Japanese doctors have been since proved to be utter "know-nothings" on this and every other medical subject; and of their stolid stupidity there can be no doubt.

Our New York Hospital doctors were grievously disappointed in not being able to coax these Japanese brethren into witnessing an amputation, &c., though diligent efforts were made, but they did not relish their Philadelphia experience, and incontinently refused to repeat it. A wag-gish neighbor of ours told them that, as they had seen the "*Dutch fashion*" of operating by Dr. Gross, he would show them the "*Irish fashion*," by Dr. Watson: but even this joke failed to tempt them. The medical pretensions of these Japanese doctors we regard as an unmitigated humbug. Happily, three American surgeons are on board the *Niagara*—*American Medical Gazette*, August, 1860.

Acute Neuralgia cured with the aid of the Continuous Galvanic Current,

With peculiar sympathetic effect upon the Uterus.

BY HARRY LOBB, M. R. C. S. etc.

The following case will be interesting, not only to those who look upon galvanism as a valuable therapeutic agent, but to the physiologist, who may perceive a peculiar sympathetic or searching action of the galvanic current, whereby the real organ in fault is sought out by the fluid, and the reflex action of the nerves demonstrated.

I was sent for on the 29th ultimo to see a lady suffering from the most acute neuralgia of the nerves of the upper and lower jaws and temple of the right side. She could obtain no relief from the remedies she had tried. The week previously she had been attacked with neuralgic pains in the right knee; but this had departed since the appearance of the pain in the jaws. Her age was about forty-six, and she had not menstruated for seven months; otherwise she was in tolerable health. Her teeth had been examined by a dentist and pronounced sound.

I applied the continuous galvanic current to the jaws and temple with the aid of a Pulvermacher battery—the positive pole beneath the ear, the negative to the various painful parts,—for half an hour. I left the battery, explaining its use, and desired it to be applied the moment there was any return of pain. This did not occur till the evening, when it was applied, and the lady had a good night, awaking free from pain. She passed the day well, but about 1 A. M. on Tuesday (the 1st instant) she had the most acute agony in the upper jaw it was possible to conceive, when the current was applied, and she fell asleep in the midst of it. She awoke in the morning free from pain, menstruation having come on during the night; this has progressed favorably, and she had no return of the neuralgia.

This might be considered by some to be an accidental coincidence, and not induced by the galvanism; and this plea I should allow if I had not already had several allied cases where the same effect had been pro-

duced in the same manner, and quite as unexpectedly ; for I did not learn the condition of this lady until afterwards.

I have frequently observed that galvanism has this peculiar power of selection ; that although, through pain or some other cause, the current may be applied to a part or organ, some distant and hitherto unsuspected organ is stimulated by it, and pain is removed, at the same time secretion is induced in a complimentary gland.—*London Lancet, August.*

Importance of the Functions of the Skin.

In the Pathology and Treatment of Tubercular Consumption.

By DR. TOULMIN, OF ST. LEONARD'S.

The proximate cause of tubercle is, in all cases, according to Dr. Toulmin, the breathing of impure air, and air in so small a quantity as to render it impure, especially during the night. The rich being subject to phthisis as well as the poor, he drew the attention of the Harveian Society to the importance of the respiratory functions of the skin, as proved by the fact that death resulted from closing the cutaneous pores artificially by varnishing the skin of rabbits and other animals, and suggested that from the coldness of the climate and other reasons, the better classes of society did not daily wash the whole surface of their bodies, and that the debris of the cuticle and the exuvia momentarily forming on the skin rendered the surface impervious to air. In this mode the same imperfect oxygenation of the blood ensues as is produced in the poorer classes by breathing mephitic air. For the removal of this state of skin, the only means of cure is free diaphoresis by artificial heat, which softens and expels large quantities of sebaceous matter, after the surface has been washed clean with soap and water.

Novel doctrines as to the nature and treatment of phthisis were enunciated ; the treatment being considered under its hygienic and medical aspects ; under the former, the patient was recommended to live in a high, dry, and marine atmosphere, on the downs rather than under them ; and to be in open air, devoting himself to suitable athletic exercises.

Medically, the treatment was mainly the use of the hot-air bath, the daily anointing of the whole surface with oleaginous matter, the keeping up open counter-irritation by setons or issues, and the use of tonics—each means of medication admirable in itself, but inefficacious if the hot-air bath, followed by aspersion of cold or tepid water should be omitted.—*Med. Times and Gazette, April, 1860 p. 467.*

We give the following from the *Oglethorpe Medical and Surgical Journal* because we have been in the habit of advancing the same doctrine when ever interrogated upon the subject. Experience has taught us that the student who commences his studies with a course of Medical Lectures, pursues them subsequently, with comparative ease, and advances with a rapidity equal to that of the student who has devoted twelve months to common office reading. We do not wish to be understood as favoring a shorter period of study before graduation ; we only desire to direct young men in the best channel for the acquisition of the

most knowledge in a given time, three years. We are unable to see the propriety of requiring students to read two years *before* they attend lectures, let them attend *every* winter, from beginning to end, if they choose:

Should Two Year's Reading be a Pre-requisite for attending Medical Lectures?

We think not, and our conclusion is based upon some experience both as a private and public instructor of young men, preparing themselves for the medical profession. A young man whose previous literary training has been such as to render him familiar with the origin of the technical terms in common use by medical teachers, and with the general principles of chemistry, will find the lecture room much the best place for him to learn the rudiments of his future calling. All students with whom we have conversed upon the subject, concur with us in saying, that a young man whatever may be the strength of his intellect, or the extent of his previous acquirements, reads and comprehends with more satisfaction to himself, *after* he has attended a course of lectures than before. A young man ignorant even of the classics and chemistry, would *lose nothing* by entering *at once* upon the study of his profession in the lecture room, if the experience of some of those with whom we have conversed is worth any thing. Such a young man would become familiar with the sounds of such words and expressions as he might not be able to comprehend on the spot, and with a thousand things which appeal naturally and properly to the sight, and therefore the time spent in attendance upon one course of lectures would be valuably spent, as it would enable him to comprehend with more facility what he might read before the beginning of the next course. Young men could in this way attend *three* full and regular courses in the winter colleges, in *even less time* than "three years study," and *pay but for two* of them. At all events the Faculty of Oglethorpe Medical College do not require payment but for *two* courses.

H. B. L.

Certificates to Quacks.

Clergymen, editors, lawyers, and strong-minded women, have proverbially a proclivity towards quackery in physic, and are notoriously the most frequent endorsers of quacks, by certificates. The obvious reason is to be found in the fact that these several classes of persons, however skilled in their several departments, know less about the science of medicine than they do of any other subject, and are hence the earliest and easiest victims of the ignorant and unprincipled men and women who make a trade of the art of healing. And yet, most strangely, they lend their names to recommend nostrums of which they know nothing; and certify to the pretensions of the vendors, of whom they know still less; and are hence found endorsing the vilest quacks and impostors in the land; and testifying to the most flagrant falsehoods, because they know not what they do.

We heartily wish that there were no similar certificate-makers in the medical profession; but at this very hour, the newspapers are filled with advertisements of specialists and other quacks, who are "obtaining money under false pretenses," while hazarding the health and lives of their

dupes, who become such solely because the impostors are ever publishing endorsements by professors and other eminent physicians, recommending them to the public confidence.

It is sometimes said, in defence, that these certificates were given on the express condition that they were not to be published, but only shown in private; yet this only duplicates the fraud, for such it is. Again, we are sometimes told that names are used without authority, and that the signatures are forgeries, which, if true, exonerates the parties from violating our Code of Ethics. But in a recent instance, the quack has forthwith published copies of certificates and signatures of two eminent men to refresh their "oblivious memories," and proffers to exhibit the originals at his office, and even threatens a suit for slander, by their denial of his card. We wish our neighbors, Professors Parker and Mott, a safe deliverance, and now hope for an end of their certificate-making for quacks.—*American Medical Gazette.*

Forcible Flexion of Anchylosed Elbows.

We frequently observe the good effects of the forcible rupture of the uniting medium, whatever that may be (except bone,) in partially anchylosed surfaces; and the measure of success which follows this mode of practice is no doubt attributable to perfect rest in an easy position being adopted afterwards until the irritation or occasionally inflammation has subsided—a plan strongly insisted upon by Mr. Brodhurst in his work upon this important subject.* Although the cases are numerous in which this method of operation is now resorted to, we would draw attention to two examples of ankylosis of the elbow, which promise to be good recoveries.

The first case occurred at St. Mary's Hospital, in a healthy man, aged twenty-five, who was admitted under the care of Mr. Lane, with his left elbow anchylosed pretty firmly at a very slight angle, arising from some former injury, believed to be fracture of the condyles, with partial dislocation of the radius and ulna. The olecranon process and outer condyle were close to each other, and the head of the radius was dislocated inwards. For all purposes the arm was useless, and it was determined to bend it, under the influence of chloroform, and to break up the adhesions. Mr. Lane observed that he was sure the attempt would not make matters worse, but that every chance was in favor of considerable improvement. There was a good rotation of the radius, notwithstanding the displacement of its head. On the 25th of January the arm was flexed without the employment of much force; but on moving it backwards and forwards a grating sound was emitted which led to the impression that good motion would not ensue. On flexing the elbow, the head of the radius resumed its natural position. In the event of success not following, another trial was contemplated; but we are glad to say that no bad consequences ensued, and there is tolerable flexion gained under the use of passive motion.

A few days later (28th January,) at King's College Hospital, Mr. Ferguson put in practice the same plan of treatment for ankylosis of the elbow, the result of some old disease of the joint, in a boy aged about

* On the Restoration of motion by the Forcible Extension and Rupture of the Uniting Medium of Partially Anchylosed Surfaces.

sixteen, and this has been attended with success thus far from the use of passive motion. There was not sufficient disease to require excision, as Mr. Fergusson observed, and the course adopted seemed to him the mildest under the circumstances. The forcible flexion was accomplished under chloroform without much difficulty, and to such an extent as to augur favorably for the future utility of the arm.

Pleuro-Pneumonia of Neat Cattle.

By J. H. KLIPPART.

Having been appointed a member of the commission instituted by his Excellency, William Dennison, Governor of Ohio, to investigate the cattle disease now prevailing in Massachusetts, under the name of pleuro-pneumonia; and having made myself acquainted with that disease by a visit to the locality where it prevails, and by examination of the symptoms in the living animals, and the appearances presented upon dissection after death; and a careful investigation of the history of this disease, as recorded by European veterinarians and physicians, I have arrived at the conclusion that this malady is one, involving so many interests, that a short description of it would prove interesting to the readers of a medical journal.

The disease of neat cattle called pleuro-pneumonia has, at times, prevailed extensively in central Europe for several centuries. It first appeared about the year A. D. 360, and has, when prevailing, destroyed large numbers of cattle. In later years its cure and prevention have occupied the attention of several of the European governments; consequently its nature and the laws of its propagation are beginning to be somewhat better understood, and the preventive means, at least, have been duly ascertained.

The cause of this disease, however it may have first originated, is, like that of small-pox and other of the catalogue of contagious or transmissible diseases, some principle or element, which, being the product of disease in one animal, is capable of producing a like disease in another of the same species, when brought into relation to its system, and always reproducing the same disease in all its essential characteristics. This character of transmissibility makes the subject of greater interest, because, on the one hand, intercourse between the sick and the well being prevented, the disease is avoided; and on the other, this intercourse being permitted, the spread of the malady is limited only by the number of susceptible individuals exposed to its influence.

The fatality of the disease is very great, but what the percentage of recoveries would be cannot be ascertained at present, either in this country or in Europe, as in both countries the diseased cattle have been killed before the natural termination of the disease.

The seat of this disease is in the lungs, and its detection is very easy to a person familiar with the science of physical diagnosis and the application of this to the chest of the animal. Besides the physical signs, there are other symptoms of disease, as the general unthrifty appearance of the animal, loss of appetite, segregation from the herd in the morning, rough coat, and pinched squalid appearance, and this having led to a closer chest-examination, it will at once reveal the character of the disease.

The post-mortem appearances presented by this disease vary with the stage at which death has taken place. In the early stages, there is simple

engorgement or hepatization of the lower part of one or both lungs; and when this diseased part is cut into, the lining membrane of the bronchial tubes will be found swollen, yellow, and everted, giving the lung the appearance of being dotted over with little abscesses. A little later, the hepatization becomes marbled in appearance; still later, the circulation of blood and the passages of air are entirely cut off, the diseased part dies and is surrounded by a cyst of living but abnormal lung-tissue. Becoming separated from this gradually, it floats often entirely free, although sometimes the connection between the isolated mass and the living lung is not wholly severed at the stage at which the examination is made. These isolated and floating masses are of very various sizes, some being no larger than an orange, while others are of the capacity of a half-gallon measure.

The progress of the disease is marked by a softening of these floating masses. In favorable cases the pus is discharged and the cavity heals up. Some suppose that the pus is absorbed, but cases have been seen where the cavity communicated with one or more bronchial tubes, making it certain that they are at least one of the natural outlets for the fluid product of the diseased lung, and perhaps the only channel through which it passes off.

The various methods of treatment followed should be such as to coincide with the general laws of therapeutics and hygiene. As a prophylactic, inoculation of the tail of healthy animals taken from diseased lungs in the second stage of the disease, has been very successfully practiced in Europe. The animals which have been properly inoculated, exhibit certain characteristic symptoms, and frequently lose part of the tail, but almost always recover, and are then free from danger.

The foregoing brief view of this terrible malady will, I hope, be sufficient to awaken the attention of physicians to a subject of so much importance.—*Columbus Review of Med. and Surgery.*

Lunatics in Good Old Times.

It is impossible for us to imagine the condition of a lunatic asylums before the days of Pinel. Dungeons, wet and infected, without light and air, called *Loges*, containing a wretched mattress, or some rotten straw strewed on the ground. Human beings, naked or covered with rags, almost always furious, chained to each other, and shut up in these abodes of desolation and misery—actual tombs, out of which they came to be carried to their last dwelling place. Their brutal keepers selected from those who had been condemned to punishment, treated them like brutes, and used them most barbarously, abusing and ridiculing them, striking them cruelly, and continually fighting with them, throwing them their deficient and coarse food, keeping their water from them when thirsty, and their clothes when cold; exposing them to the jokes of visitors. Such were the inhabitants of Bicetre at that time—wretched beings thought incurable, abandoned by their friends, deprived of all medical treatment, pale, wasted, wallowing in their own filth, groaning under the weight of the chains which tore their wasted limbs, raving under the horrible sufferings to which they were subjected by their inhuman keepers.

PINEL.—When Pinel undertook the management of Bicetre the revo-

lution was at its height. The notorious Couthon presided over the dreaded *Commune* of Paris, and when Pinel came to him for permission to remove the chains from the madmen, went himself the next day to the asylum, fearing least in such an act there should be some hidden attempt against the Democratic Government. When he saw the madmen, he turned to Pinel and said: "Are you not mad yourself, to wish to deliver these *bêtes féroces* from their chains?" "No," answered Pinel, "for I am certain that their chains make these wretched people thus violent." "Do as you like," said Couthon. From this time the good work commenced. The following day he removed the chains from fifty, and from thirty more a few days afterwards. The Academy of Medicine has adorned one of its rooms with a picture of this scene of humanity. Shortly after this we are told that Pinel was seized by some of the ruffians of the day, under the pretext of being an aristocrat, and hurried off "*a la lanterne*;" and that his life was saved by an old soldier, one Chevigne, whom he had delivered from his chains in the Bicetre, and who had become his servant.

Pinel states in letters of his lately published, that he was enabled to live decently on what he obtained by the translation of English works. "At this moment," he says, "I am engaged in the translation of Cullen's Institute of Medicine, for which I receive one thousand francs. I would give up physic altogether, if it was necessary for me to be running about all day in the streets. I wish for only a very small practice—to see little and observe much."—*Chicago Med. Journal.*

The Instinct of Appetite.

Chemical analysis and physiological research have established, beyond dispute, that every article of food and drink is composed of elements different in quantity or quality. It is equally true that the various parts of the human frame are different in their composition, as the bone, the flesh, the nerve, the tendon, etc. But there is no element in the human body which is not found in some article of food or drink. A certain normal proportion of these elements, properly distributed, constitutes vigorous health, and forms a perfect body. If one of these elements be in excess, certain forms of disease manifest themselves; if there is not enough, some other malady affects the frame. When the blood contains less than its healthful amount of iron, it is poor, watery, and comparatively colorless; the muscles are flabby, the face pale, the eyes sunken, the whole body weak, the mind listless and sad. If the bones have not enough lime, they have no strength, are easily bent, and the patient is rickety; if there is too much lime, then the bones are brittle, and are broken by the slightest fall or unusual strain. The highest skill of the physician in these cases, consists in determining the excess or deficit of any element, and in supplying such food or drug as will meet the case; when the medical attendant cannot determine what is wanting, nor furnish the supply, nature is often loud enough in her calls, through the tastes or appetites, to indicate very clearly what item of food or drink contains the needed elements; this is the 'Instinct of Appetite.' Chemistry is unable to say of but one article of human food, that it contains all the constituents necessary to supply the human body with every ele-

ment requisite for its welfare, and that is pure milk, as supplied by the mother of the new being ; but after the first years of life, the body demands new elements, in order to enable it to meet the duties which increasing age impose ; hence nature dries up this spring as being no longer adequate, and compels the search for other kinds of sustenance, showing that milk is a proper sole food for the young ones ; and healthy grown persons who live upon it mainly will always become invalids.

All kinds of life, whether vegetable or animal, have with them a principle of preservation as well as of perpetuity ; were that, not the case all that breathes or grows would die ; this principle or quality is common to man and beast and all that springs from root or seed ; it is named “ ‘ Instinct.’ ” It is instinct which calls, by thirst, for water, when there is not fluid enough in the system. It is instinct which calls for food, by hunger, when a man is weak and needs renovation. It is curious and practically valuable as a means, for the removal of disease, to notice the working of this instinct, for it seems to be almost possessed with a discriminating intelligence ; certain it is, that standard medical publications give well-authenticated facts showing that following the cravings of the appetite, the animal instinct has accomplished far more than the physician’s skill was able to do ; has saved life in multitudes of cases when science had done its best, but in vain.—*Cosmos ; Clinical News*, June 9.

Bi-Tartrate of Potassa in the Treatment of Menorrhagia.

By J. A. CHAMBERS, M. D.

My attention was directed to the use of the above remedy, in 1848, by a communication published in Rankin’s Half Yearly Abstract of the Medical Sciences, from Dr. Sylvester. Former experience teaching me the inefficacy of the usual remedies in the treatment of Menorrhagia, I determined to use it upon the authority given, when opportunity offered, knowing its inability to do harm, if not beneficial.

I may state that you may class me among the Old Fogies in medicine in this respect. I love the noble profession of medicine, and appreciate its improvements, but am not one of those whose enthusiasm lead them to jump at the discovery of new remedies, especially when they are energetic in their action, in the treatment of disease. Remedies powerful in their action upon the human system must inevitably do harm if no good. Therefore, *ample testimony* should only justify a physician, in *private* practice, in using them, unless as a last resort.

Believing, as I have said, in the inability of the remedy to produce harm, if no good, in such cases, I commenced the use of it in menorrhagia, and have continued its administration when my judgment dictated it necessary, for the last twelve years, with greater success than with any one known remedy in that disease. Its action is rational, and conjoined with rest in the horizontal position, diet regulated in accordance to circumstances, with perfect quiet of mental as well as physical exertion, its effects are beneficial and speedy.

I will give the following cases of recent occurrence: Was called on the 7th of this month (June) to see Mrs. J. C., age about 40, the mother of nine children, the youngest three years old. Has menstruated reg-

ularly up to October last, since which time she had been irregular and *profuse*; sufficiently so to make its inroads upon her constitution. She was pale and exsanguined when I saw her, discharging freely for the last five weeks. Thinking that it was kept up by a want of tone in the muscles of the uterus and its inability to contract, I prescribed tea-spoon-ful doses of *vinum ergota*, repeated four or five times in the twenty-four hours, promising to call in two days. Upon my return, I ascertained that the discharge had increased, if any difference. Her bowels being very costive, I prescribed the bi-tartrate with a two-fold object; to remove costiveness, and check the discharge. I directed her to take three tea-spoons-full of the medicine and put it in a sufficient quantity of boiling water to dissolve it, adding sugar sufficient to make it palatable, to let it cool, and drink the quantity in twenty-four hours—when that was gone, to use more in the same way. She did as directed, and in thirty six hours was entirely relieved, since which time I have heard of no recurrence of it. This is but one case out of numbers in which it has thus acted.—*St. Joseph [Mo] Journal*.

Case of Imperforate Anus.

Reported by Dr. J. S. McAdow, Guilford, Nodaway County, Mo.

I was called, on the night of the 14th of November, 1859, to see the child of Mrs. ———. The nurse informed me she had given several doses of castor oil without effect. I found, upon examination, the skin between the genital organs and coccyx of a natural color, and having as firm feeling as any natural, or true skin. I immediately determined upon an operation, which was performed in the following manner: Placing the child upon its back, an assistant firmly holding the legs asunder, I proceeded, with a scalpel, to make an incision, about an inch long, and with successive strokes, in the natural direction of the rectum. I reached the gut, where it had terminated in a *cul de sac*, about one inch and a half above the ordinary situation of the anus. When the scalpel entered the bowel a considerable quantity of meconium escaped. I administered an anodyne, and gave directions for a round, smooth piece of wood well oiled, to be introduced two or three times a day to prevent adhesion of the parts. On the 16th I again visited the patient, and found the wound very irritable. I directed a dose of laxative medicine, and applied the cold water dressing to the parts. The wound gradually healed around, and left an orifice resembling very much a natural anus. The child is now well, and can retain its *fæces* unless jolted in an upright position.

This is one of the alleged cases of the influence of the imagination upon the foetus in utero. The mother of the child, while in her third month of utero gestation, assisted me in dressing the wounds of a child who had fallen back in some boiling soap suds and severely burned the nates and other parts of the body. The dead cuticle was of one continuous crust. The lady attributed to seeing the anus of the burned child, the malformation of her own.—*St. Joseph (Mo.) Journal*.

ENORMOUS HYPERTROPHIED] SPLEEN.—M. Sappey exhibited to the Biological Society of Paris, a hypertrophied spleen weighing 14lbs. 4 oz., and measuring 13 inches in length, 9 inches in breadth, and 5 inches in thickness. Mr. S. estimates the normal spleens to be 6½ ounces.

NEWS ITEMS, MEDICAL FACTS, &C.

We copy the following from the *Reporter* of 11th inst., for the purpose of placing in the hands of our readers the righteous opinions, fearlessly expressed by an English Judge, upon a subject pregnant with interest to every Medical and Surgical practitioner. It is unnecessary to speak in commendation, for every honest heart will respond, Amen!

MALPRACTICE.—In a recent trial for malpractice, instituted against an English surgeon by his patient, for not treating him properly for an injury to the hip, Lord Chief Justice Erle made the following important remarks:

"The real question is not whether Mr. Herring was cured. It is the most intensely pernicious mistake to think that an action would lie against a medical man, because he does not cure his patient in every complaint. All that he is bound to do is, to have competent skill, and to use it to the best of his judgment. When he has done that he has done his duty, and he is not liable for any consequences which ensue, which may be utterly beyond the control of man. According to the exceedingly valuable evidence which has been given in favor of Mr. Hacon, when he attended this man he brought to bear upon his case a considerable degree of skill, and a disease supervened for which he is no more responsible than I am. If you are all of that opinion, a verdict will be taken for the defendant, which seems to me most satisfactory. A verdict was taken for the defendant."—*Med. Times and Gazette*.

TUMOR PRESSING ON THE TRACHEA NECESSITATING TRACHEOTOMY.—Small tumors existing in the vicinity of the wind-pipe, in the young especially, should be carefully watched; for if there is a tendency to enlargement, they may suddenly press upon this tube and cause suffocation. An instance of the kind occurred a few weeks back at Guy's Hospital. A boy nine years of age had been treated, as an out patient, for several apparently-enlarged glands, situated about the neck, one of them being in front of the trachea. On the 19th of April last, he was brought into the hospital, suffering from great dyspnoea and threatening suffocation. The symptoms were so urgent that Mr. Bryant at once performed tracheotomy. This operation, at all times one of some difficulty, was more so from the position occupied by the tumor, which was pressing upon the larynx; consequently Mr. Bryant had to cut right through its middle to enable him to get at the wind-pipe low down. The upper surface of the pleura was felt quite close on one side, and the carotid artery and brachio-cephalic vein on the other. Notwithstanding these apparent drawbacks, the boy made a good recovery. It would be, however, a wise precaution, at a later period, to remove the remains of the tumor, lest it should give rise to any further trouble and mischief.—*Lancet*.

LACERATION OF THE BACK OF THE HAND.—A very severe case of laceration of the dorsal aspect of the right hand, in a stout and healthy man, was recently admitted into Guy's Hospital under Mr. Hilton's care. The injury was caused by machinery, and was followed by sloughing of nearly

all the tendons of the extensor muscles at the back of the hand, leaving an extensive raw surface to heal up. In the event of this process occurring, the hand would have proved an almost useless member; therefore its conservation and improvement to some extent were attempted by operation on the 10th ultimo. There was slight motion in the little and index finger, and the thumb was sound. The patient was most anxious that the index finger should be preserved, as likely still to be most serviceable to him in his avocation as an engineer. The ring and middle fingers were therefore taken away, with about two-thirds of the metacarpal bones, and the parts well brought together, thus forming a narrow hand, with a rather thick and bulky palm. This, however, Mr. Hilton thought it best not to meddle with, on account of the nature of the structures entering into its formation. The result in this instance was a good and useful hand.—*Ibid.*

New Chairs.

We notice in one of our Western exchanges that the Cincinnati College of Medicine and Surgery has established a chair heretofore unknown to Medical Colleges, that is, an *arm chair*. Speaking of the lecture rooms, the circular says: "They are furnished with comfortable arm chairs, which are regarded as a decided improvement," &c. To speak our mind candidly, this speaks a little of clap-trap, and might well be placed in the list with "barkers," "drummers," "anatomy by gas light, &c," &c.

J. S. W.

We clip the above from the July number of the *Savannah Journal of Medicine*, of which J. S. W., is one of the editors; his associates *two* in number, are *Professors* in the *Savannah Medical College*, an announcement of which we find in the same number. We have just finished a dissection, "by gas-light," of this announcement, and find that *every* paragraph *leans terribly* in the direction of "clap-trap"—e-ry for instance, "the Faculty have expended over *forty-thousand dollars*," in the building and for *apparatus to demonstrate the various branches*."* This same announcement tells us, in speaking of the Faculty, that "their object was to create a school of medicine which should elevate the high standard of medical education." Have they succeeded? Let their requirements for graduation answer; they are three in number. 1st. "Good moral character. 2d. *Two Full Courses* of Medical Lectures.. 3rd. A Thesis written by himself." This is all, *positively all!!*—J. S. W. is smart—very.

SNAKE BITES.—Dr. W. D. Johnson, of Hernando, Mississippi, reports, in the New Orleans Medical and Surgical Journal, (July,) his experience with tobacco and alcohol, as antidotes in the bites of poisonous reptiles and insects. He has used tobacco both externally and internally, combined, however, with free alcoholic stimulation. The tobacco produced nausea and vomiting in every case in which it was resorted to.

* The italics are our own.

Dr. Johnson regards either as efficacious when administered in time, and both together more prompt than either separately. He considers the patient as safe when nauseated or intoxicated, and proposes the internal administration of alcoholic stimulants, and the local applications of tobacco, either as cataplasm, decoction, or infusion, as the best treatment. The local application of the tobacco greatly relieves the pain consequent on the swelling, and tends to arrest the swelling itself.—*Reporter*.

RESECTION OF THE ENTIRE RADIUS.—Dr. Carnochan presented a patient from whom the entire radius had been removed for necrosis. The bone was exsected from joint to joint. The motion of the hand is almost perfect, the patient being able to write with facility and rapidly. The hand is not quite in its natural axis, as it bends a little inward, while the styloid process of the other side forms a prominent projection. Dr. Carnochan claims this as the first successful operation of this kind, and offers a premium of one hundred dollars to any one who can fairly disprove his claim. In conclusion he remarked that Dr. Gross of your city, was aware of this case, but he had chosen to omit all reference to it in his late work upon surgery.

We copy the above from the *Chicago Medical Journal*, and feel like commending the course pursued by Dr. Gross, *provided*, Dr. Carnochan had offered the *premium* before Dr. G. published his work on Surgery.

JUST FROM FRANCE.—A young doctor, who had spent a few months in France, sight seeing, returned, and swinging his shingle, was not a little boastful in his allusions to his superior professional advantages. A French family stopping at the principal hotel of the doctor's city, had a little boy of three years of age to scratch his foot with a nail projecting through a lath, left near the fire for kindling. The accommodating clerk of the hotel alarmed the father of the child by hinting the danger of tetanus, and suggested that his chum and boarder, the doctor "just from Paris," be called in, as he understood French "like a book." Accordingly the doctor was instantly summoned. The boy, however, having forgotten the scratch, was intent upon appeasing the clamorous demands of his stomach, and upon the doctor's entrance was roaring for bread and meat. "*Du pain et jambon ; du pain et jambon*," roared the hungry lad. "My God," said the doctor, "he says he has pain in the jaw-bone—he has lock-jaw. The case is hopeless!"—*Nashville Journal*.

CHLOROFORM AS A HYPNOTIC.—Opium and lactucarium are almost the only two agents which induce sleep by a special sedative action ; and they both have their inconvenience as well as their highly valuable properties. A hypnotic without these inconveniences would prove an agent of great value, and M. Fonssagrives, of Cherbourg, believes that chloroform is that agent, judging from his having used it with constant success since 1854, when it was recommended by Dr. Uytterhaven, a Belgian practitioner. Sleeplessness arises from different causes ; sometimes it is the result of the persistence of a painful symptom which forcibly excludes repose ; at others it constitutes an entirely nervous symptom originating in some moral sufferings, absorbing preoccupation, or too ac-

tive intellectual exertion ; while at other times it proceeds from a vicious habit of the cerebral centre. The sleeplessness becoming a cause of sleeplessness ; or, finally, the sleeplessness may result from the abuse of hypnotic remedies, or may be an epiphenomenon of certain acute diseases.—It is in these latter cases that chloroform is of especial service. The dose is small but effectual, namely, from five to ten drops.—*Bull. de Therap.*, tome lvi.

THE QUESTION OF PREMATURE ARTIFICIAL DELIVERY IN CASES OF UNCONTROLLABLE VOMITING.—*L'Union Medicale*, of the 3rd of April, publishes a long and valuable article on this question, the occasion of which was a case under the care of an hospital physician of Brest, M. Caradec. The patient was a lady of twenty-two, who, in the second month of her first gestation, was seized with vomiting which nothing could arrest. She died towards the end of the fourth month, after some days of apparent improvement. M. Caradec had adopted in this case a mode of consultation which seems usual in France, but is not so in this country.—He had sent an accurate account of the symptoms to *L'Union Medicale*, asking for the opinion of the committee of medical gentlemen who, under the guidance of M. Latour, edit the paper. Both M. Caradec's letter and the answer are inserted in the journal, death having taken place subsequently to the use of the remedies suggested by *L'Union Medicale*.

M. Caradec wished to deliver prematurely, but was afraid of incurring the responsibility. It would appear, from the document sent to him by the above mentioned paper, that two eminent accoucheurs of Paris, M. Chailly Honore and M. Cazeaux, differ in their opinion as to the question at issue ; the first is a strong supporter of artificial delivery, and the latter is opposed to it. M. Cazeaux remarks that, although five successful cases have been quoted in English obstetric works, we are not acquainted with all those in which the operative interferences alluded to has failed to relieve the symptoms.

PIPERIN IN INTERMITTENT FEVER.—Dr. Meli, of Venice, as the results of numerous experiments, comes to the following conclusions : 1. The febrifuge power of piperin is both energetic and rapid. 2. Its activity is much greater than that of cinchona. 3. It is more convenient than cinchona, and its succedanea, exhibiting a great activity in a very small compass. 4. It neither changes, retards, or suppresses any secretion, or excretion. The alvine dejections are regularized, and the urinary secretion is rendered active.—*Med. Times and Gaz.*, July 7, from *Presse Belge*, No. 22.

ON THE MEANS TO BE EMPLOYED IN SYNCOPE FROM HÆMORRHAGE AFTER SURGICAL OPERATIONS.—M. Debout, Editor of the *Bulletin de Therapeutique*, has published in a late number of that periodical, a valuable article, wherein he shows, by facts and arguments, that this syncope is not to be treated like the fainting which occurs after paturient hæmorrhage.—M. Debout concludes with the following rules : —

1. Syncope following traumatic hæmorrhage is a more serious symptom than the fainting resulting from uterine hæmorrhage, both on account of the nature of the blood lost and its less rapid escape ; it may, therefore, be affirmed, that the means found successful in the latter complication are not, as a consequence, likely to be efficient in the former.

2. As syncope, in traumatic hæmorrhage, is the result of want of stimulus to the nervous centres, the remedy will consist in putting the patient upon his back, and in lessening the extent of the circulation by abdominal pressure.

3. As we are to be especially anxious for the energy and duration of our therapeutic interference, we should add to the physical action of the means alluded to the stimulation of the heated steel knob, rapidly passed over various parts of the cutaneous surface, and assist this operation by enemata of wine. This syncope is so perilous that all the above measures combined will never be too powerful.

M. Debout thinks that transfusion of blood in these cases are not to be relied upon.—*Lancet*.

EFFECT OF MUSTARD UPON THE ERUPTION OF VARIOLA.—Messrs. Editors : In your Journal of the 8th inst. you have a note from H. Lenardson, M. D., stating the non-appearance of the eruption in confluent small pox in parts to which mustard was applied. Dr. L. very wisely seeks to know whether this observation accords with that of others. Within the last month I saw in one case in which there was a marked contrast to that reported by Dr. L. A lady past seventy years of age, was affected with varioloid after several days of much discomfort. During those days she used a mustard cataplasm very freely over the upper half of the abdomen, and this part was left much discolored. When the eruption took place the part thus discolored had on it many more pocks than any other part of equal extent on the head, trunk, or extremities. This case was seen, and the particulars noted by Dr. J. H. Bigelow, as well as by myself.

JAMES JACKSON,

HAMILTON PLACE, April 7th, 1860.—*Louisville News*.

HYDROPATHY.—Until Professor Liebig directed attention anew to the action of oxygen on the human body, the causes of success or failure in hydrophathy were unknown. The greatest possible action of the skin is produced under hydrophathy, on the system by baths : large quantities of water are taken, and by these means the action of oxygen on the body is promoted to a very high degree, and death ensues, if ever the system is unable to furnish matter to resist the action of oxygen.—*Med. Times and Gaz.*, July 7, 1860.

EDITORIAL DEPARTMENT.

Cincinnati College of Medicine and Surgery.

The Annual announcement of the coming session, will be found in this issue of the Journal, accompanied by a catalogue of students of last session ; as the same will be bound in pamphlet form, any wishing a separate or extra number can be supplied by addressing the President.

By an examination of the announcement it will be seen that some changes have been made in the Faculty ; the former students and friends of the College know well, how precarious was the health of our highly

esteemed friend and worthy Colleague, Prof. Crume ; who, for the last three years, desired that some one should take his place ; but through the constant sollicitation of the Faculty continued to labor till the close of the last session, and then, laid the foundation himself for his successor. Prof. Crume's *position* in the College is changed, but in the hearts of the Faculty *never* ; he will ever be greeted with the same warmth and enthusiasm that characterized the meetings of past sessions, upon his return to the city.

Prof. J. H. Tate, is too well known to require any notice, other than that he will devote his best energies to the chair, so ably filled by his predecessor. Having practiced many years in the city, and especially in the Obstetric department, (for the more thorough study of which he visited Paris ;) to the literature of which he is likely to become one of the most prominent contributors. Dr. Tate is not unknown as a teacher having occupied a chair in the Medical College of Ohio.

Prof. G. R. Chitwood, takes the place formerly filled by Dr. J. C. Walker, which he was compelled to resign last winter, on account of the health of his family, and partner in practice, which prevented his leaving home for the city, his residence being in Peru, Ind. We have regretted this necessary separation, as Dr. W. is one of our most promising and energetic young men. In Dr. Chitwood, however, we have a colleague of practical experience, and teaching ability, of the highest order.

Medical College of Ohio.

The Annual Announcement of this Institution will be found upon our cover, to which we call the attention of the physician and student. In an article, already in press, we spoke of this College, and its unsettled condition ; since that article was written, the Trustees have elected a Faculty, as will be seen by reference to the circular.

We are personally acquainted with five of the present Faculty, and have no doubt they will give general satisfaction. Of the other gentlemen, we hear good report.

Cincinnati, with two *regular* schools of medicine, so arranged as to suit all who may desire a thorough and scientific course of training in the healing art, presents to the student many advantages of a superior character, we must, therefore, claim for her that attention which her central position would seem to demand.

The Profession of Cincinnati will compare favorably with that in any other city ; and, as a general thing, is made up of high-toned, honorable and scientific gentlemen. Add to this her hospitals, infirmary, dis-

pensaries, and the many opportunities for *private* instruction, and it must be considered one of the most prominent and promising points in the Union.

In referring to our own medical colleges, and their advantages, we do not intend to disparage others of the regular scientific order, no matter where located ; on the other hand, we are satisfied that in any of them the student of medicine can be educated in an eminent degree. The best evidence of Schools or Doctors being tinctured with quackery, is their abuse of other institutions and physicians.

- **STARLING MEDICAL COLLEGE.**—The announcement of this school will be found upon our cover, to which we invite the attention of those interested in medical education. Starling College is located at Columbus, Ohio, and possesses many advantages of an exceedingly interesting character. The Faculty is composed of some of the best men of the State, young, energetic, honorable, and fully entitled to the confidence of the profession; we wish them success.
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OHIO STATE MEDICAL SOCIETY.—We have been disappointed in giving our readers a synopsis of the entire proceedings, as we think it should be done. The profession loses much by societies refusing to report the discussions, in many of which, some of the most important thoughts are uttered and useful suggestions made by a class of physicians known for their superior judgment and uncommon success in practice ; but who never write a word for the journals, and whose modesty prevents them making known the result of their observations, unless in the societies to which they belong.

Thoughts uttered in debate are, as a general thing, original, and on this account valuable, if based upon correct observation ; hence, we should grasp them as they come “ fresh from the fountain head,” and spread them before our brethren for them to *sift*. This was our intention, and for that purpose made arrangements with a reporter to supply the synopsis, but owing to absence from the city, that document has not come to hand ; when it does, it shall appear, if correct.

“ **PAY THE PRINTER.**”—It was our intention to name every gentleman in our journal who *paid* up. We find this plan is going to be more troublesome, though not so expensive, than having printed receipts and sending them to each paying subscriber ; this may be looked for in September, by such as know themselves entitled.

TWO IN ONE.—Our friends and patrons will perceive that we send them the July and August numbers of our journal bound together. Various causes conspired to produce this result ; among which was the change of printer for the sake of convenience, and, perhaps, the more regular and prompt appearance of the Medical and Surgical News. Each number contains its own legitimate matter and number of pages, so that the loss is in time only, and but little if any in that, as they are made up from exchanges and matter up to date of issue.

DR. ROBERT M. McILVAINE.—We hope it will not be considered out of place to bring this gentleman before our readers, as one of the many who merit favorable consideration. Dr. M. has devoted himself to the study of the profession for many years, and since 1850, has spent most of his time in the Schools and Hospitals of Paris.

Physiology and Pathology seem to have been his favorite departments, and his operations before the students of the summer School of Medicine, show his complete success. We have only time and space to mention a pair of his experiments, which, we believe, have not been performed in this country before. Complete *paralysis facialis* was produced on the living animal, by division of the fifth pair of nerves ; and, secondly, *diabetes*, by piercing the fourth ventricle of the brain. We do not mean to claim these physiological facts as discoveries of Dr. M'Ilvaine, but desire to place the experiments before the profession, as coming from a gentleman who is willing to *demonstrate* whatever he may teach. Sir Charles Bell, we believe, was the first to investigate the subject of facial palsy, and divide the portio dura ; from which fact paralysis of the face, from lesion of the fifth pair, has been called Bell's Palsy.

We believe the Doctor intends to pursue his investigations, hereafter, in the *Queen City*—where, we hope, his high integrity, superior physiological knowledge, and industrious habits, will place him in a high and well merited position.

A NEW MEDICAL JOURNAL.—*The Columbus Review of Medicine and Surgery*, Edited by W. L. McMillen, M.D. is before us. The *Review* is a bi-monthly, of 96 pages ; and if No. 1 is a fair specimen of what future numbers will be, of which we have no doubt, we do not hesitate to recommend it to the profession as a valuable addition to our periodical literature, and bespeak for it a wide circulation.

The terms of the *Review* are *two dollars a year*, IN ADVANCE. CLUBS of four or more, sent to some post office, will be charged *one dollar and fifty cents* per annum for each subscriber.

Address, W. L. McMillan, M. D. Columbus, Ohio.

CINCINNATI

MEDICAL AND SURGICAL NEWS.

NEW SERIES.

VOL. I. CINCINNATI, OCTOBER, 1860. No. 10.

MISCELLANEOUS CONTRIBUTIONS AND SELECTIONS.

Diphtheria, Discussion of it in the Academy of Medicine of Cincinnati.

Remarks upon the same by Dr. Nebinger in the Philadelphia County Medical Society.

By J. A. THACKER, M. D., Cincinnati, Ohio.

At a meeting of the Academy of Medicine of this city, held Sept. 14th, the subject of Diphtheria was brought up for discussion, and the identity of it with Scarlatina, and its contagiousness canvassed. Although all that participated in the discussion seemed to consider the two diseases distinct, yet no one proffered a differential diagnosis between them—their remarks being confined mainly to the relation of cases occurring in their several practices.

Dr. Murphy related several cases he had met with in the last two or three weeks. Each of them was characterized by either a pearly white, or a yellowish white exudation upon the tonsils, extending sometimes up over the velum pendulum palati, and sometimes spread over the anterior surface of the mouth. Besides these surfaces, he had known cases wherein the exudation appeared in the anus and vagina. In none of these cases was there any fever, and in but one was there any eruption upon the skin. This was a little girl, upon the surface of whose body, there was an efflorescence similar to that in scarlet fever, which, upon disappearing, left the skin scaly. Although the ex-Professor seemed to lay much stress upon the fact that in Diphtheria, the skin maintained its normal appearance throughout, yet he did not seem to think from the relation of this case, that an eruption was incompatible with it. One of the principal distinguishing points of the disease therefore, according to some, is destroyed.

He appeared inclined to consider the disease contagious, and related a number of cases reported in a late French journal confirmatory of the opinion. One of them was a surgeon in Paris, who, to free the trachea from the effusions that were impeding the respiration, after performing tracheotomy, on account of the extension of the affection to the larynx, employed suction by applying his mouth to the wound, and was soon after attacked himself by the disease, which proved fatal. T

doctor thought that sponges and towels used about the patient, should be carefully avoided by others.

The Doctor's treatment of his cases consisted in the topical application of nitrate of silver in solution to the fauces—say twenty grains to the ounce of distilled water—and the internal administration of chlorate of potash dissolved in spirits of mendereri. The chlorate of potash, he gave at regular intervals, in doses of ten grains in a drachm of the solvent. He deprecated the use of purgatives, for purposes other than to keep the bowels unloaded.

In several of the cases he related, in which the prominent symptom was the throat affection, death resulted from the extension of the disease to the larynx, but in those cases in which the characteristic exudation appeared in the anus and vagina, the fatal termination, he thought, was due to the absorption of the poison. Nature then, according to this theory, is guilty of the absurd freak, of first expelling the poison from the system, and then reabsorbing it.

Another thing that the gentleman mentioned concerning the disease, which we will give to the reader for what it is worth, namely: that when there is an issuing of this plastic matter from the nostrils of the patient, the disease always terminates fatally.

Dr. J. B. Smith followed Dr. Murphy in some remarks. From some of the cases he related, many would be inclined to consider scarlatina and diphtheria identical. In one family that he attended upon, one of the members was attacked with diphtheria, and, while it was convalescing, another was seized with scarlatina. Afterwards, another took diphtheria, and another scarlatina. Not desiring to be captious, but it seems to us they were all either cases of diphtheria, or scarlatina; probably, as it is the *most fashionable disease*, they were all cases of the former; those having an eruption, being, like Dr. Murphy's case before mentioned, *diphtheria with an efflorescence*.

Dr. Smith also destroyed one of the distinguishing marks of the disease, namely: that at no time any febrile excitement is manifested. He averred that in all the cases he was in the habit of meeting, there was always, especially at the onset, more or less fever and constitutional disturbance. So prominent, indeed, were these febrile symptoms in the first stages, that he generally found it necessary to employ depletory remedies, in the way of purgatives, and anti-febrifuges; for these, however, he substituted a stimulant and tonic course of treatment before any symptoms of prostration supervened.

In the treatment of the disease, with him, as with the others, chlorate of potash seemed to be the sheet anchor of his hopes. He spoke disparagingly of all topical applications to the throat, except emollient gargles of flax seed tea. To this the writer heartily subscribes especially in the case of children too young to understand for what purpose they are employed, and, therefore, always resist and struggle against their administration.

As the disease was a constitutional one, engendered by a blood poison, he could not perceive how any good could result from topical remedies. The peculiar exudation upon the fauces was not the disease; it was only one of its manifestations. He had known the same kind of exudation to appear upon a blistered surface upon the back of the neck.

He did not believe the disease could be properly termed contagious. To be sure, when it attacked one member of the family, it was apt to

seize upon others; but, consumption, and other diseases, oftentimes appeared communicable by constant contact with, and inhaling the same atmosphere breathed by those affected.

Dr. S. P. Bonner expressed his belief that the disease is contagious, and related a number of instances that came under his observation, while lately visiting the state of Missouri on professional business, wherein it appeared to spread by contagion. But, from what we understood the Doctor to say, the disease had but just made its appearance in that locality in which he was visiting, and we cannot perceive why it should be assumed any more that the disease spread by contagion, than that it continued to be propagated by the same influences, atmospheric or otherwise, by which it first originated.

Prof. Baker next took the floor. Whether or not, the diagnostic differences between scarlatina and diphtheria had been rendered so luminous by the gentlemen that preceded him, that he could not cast any further light upon the subject, he did not say—he, however, declined discussing that subject, and proceeded to make some remarks upon the contagiousness of the disease.

He could not consider, he said, that the disease was contagious. In a number of cases that he had recently attended, that were located in neighborhoods where there were no other cases, he had known no instances in which it was communicated to others; although, in some of them, quite a number of persons, both of children, and adults, were freely exposed to its influence. Two of the cases were servant girls, sisters, who, after contracting it in the eastern part of the city, were moved to the south-western part; and, although they had it in its most malignant form, and some twelve or fifteen persons were constantly exposed to it, yet he did not know of a single one that afterwards took it.

His treatment consisted in the administration, in the first place, of a brisk cathartic, and then giving large and frequent doses of chlorate of potash. If, at any time, symptoms of prostration manifested themselves, he administered quinine and brandy freely.

Topical applications to the throat, he considered valuable adjuvants, and he frequently employed them; in the case of one of the servant girls before alluded to, after removing the exudation from the tonsils with a spoon handle, which he was enabled to do on account of its extreme thickness and tenacity, and exposing the ulcerated surface beneath, he freely applied a lotion of sixty grains of nitrate of silver to the ounce of water. The benefit that followed, was not only evident to himself, but also to the patient; for, on visiting her the next day, she assured him, that, if he had not instituted the proceeding he did for the relief of her throat, she must have died.

Dr. W. H. Mussey stated that in his treatment of the disease, he always used purgatives to a considerable extent. He lately removed an encysted tonsil from a patient, and, soon after, the raw surface became covered with the peculiar exudation of diphtheria.

Dr. McIlvaine derided the idea of the disease being contagious. He said that the course of disease was from within, out, and not from without, in. When he was in Paris, France, no one there, at that time, considered it contagious, and he did not believe it was considered so now, the journals to the contrary notwithstanding.

He desired that some of the practicing physicians present, would fur-

nish him soon with some of this peculiar exudation, that he might analyze it, and demonstrate as to whether the disease is contagious or not.

We believe we have neglected to mention that some of the gentlemen, Dr. W. Judkins and others, stated that those cases that proved fatal, terminated more rapidly than similar ones in scarlet fever. Dr. Judkins also spoke of the disease being introduced by rigors, pain in the back and limbs, which some of the other gentlemen had denied.

Having now given the views of several gentlemen of the Academy of Medicine of this city upon diphtheria, we propose to follow them with a synopsis of some remarks, made by Dr. Nebinger upon the same subject in the Philadelphia Medical County Society, as reported in the Medical and Surgical Reporter, by Dr. W. B. Atkinson.

Dr. Nebinger said that for one, he was happy in having an opportunity to declare that his conviction, based upon observation and reason, is, that diphtheria is an accumulation and development of morbid phenomena, produced by the materies morbi of scarlatina; that it is scarlatina without the rash; and here he would remark, that there is no wider departure in the morbid phenomena of the so-called diphtheria from those of scarlatina maligna, than there is in the phenomena of scarlatina simplex from those of scarlatina maligna; and if diphtheria cannot be regarded as a variety of scarlet fever, because of the absence of the eruption, it is equally as reasonable and philosophical not to regard scarlatina simplex as a variety of scarlatina, because the angina is absent—the disease of the fauces in scarlatina being at least as important, and as attractive as a phenomenon of the disease, as is the efflorescence of the skin. Indeed, regarding scarlatina maligna as the type—the fullest expression of all the phenomena of fully developed scarlatina—then is it true that diphtheria is vastly more like the type, than is scarlatina simplex, and being more like the type, and springing up under the circumstances it does, it deserves to be recognized as a form of scarlet fever.

* * * * How largely he is sustained by authorities, he was not able to say, as he has, in his consultation with them, been from his daily engagements, unable to go beyond his office library. Dr. Wood, in his article on scarlatina, remarks; "It is certain that cases of fever with sore throat sometimes occur during the prevalence of scarlet fever, having all the symptoms and running the exact course of that disease, whether in its milder or malignant forms, with the single exception that the eruption is wanting. It is even stated by Willan, that such cases are capable of imparting scarlet fever." (W's Prac. vol. 1, p. 402.)

* * * * But are the symptoms of diphtheria and scarlet fever analogous? Let us compare them: Scarlatina maligna is introduced sometimes with a rigor, at other times with only slight chills. Diphtheria of a severe form, is also introduced by a decided rigor, or with slight chilliness. In scarlet fever, you have decided febrile action following the rigor; so do you have in diphtheria. In scarlatina maligna, you have the feeling of great prostration, pain in the back, limbs, swelling of the tonsils, and patches of lymph or pseudo-membrane upon them, erythema of the fauces, and enlarged and painful cervical lymphatic glands. In diphtheria, you have the same feeling of prostration, pain in the back and limbs, tumefied tonsils, dotted with patches of lymph or membrane, erythema of the fauces, and swelled and painful lymphatics. * * *

* * The same authority we have been quoting, Dr. Wood, in his article upon diphtheria, uses this language. "From its (diphtheria's) resemblance to the malignant sore throat of Fothergill, Huxham and others, with which it is by some writers maintained to be identical, and from the simultaneous occurrence of both the affections with epidemic scarlatina, and the close analogy of their local symptoms with the throat affection of that disease, the inference is not without plausibility that they may all be produced by the same cause." (Ib. vol. 1, p. 499.) Dr. Wood further observes, "that the malignant sore throat described by Fothergill, Huxham and Cullen," under the name of *cynanche maligna*, is now universally admitted to be a modification of scarlatina. (Ib. vol. 1. 502.) Thus, then, we have Dr. Wood first declaring "that diphtheria is by some writers maintained to be identical with the malignant sore throat of Fothergill, Huxham and others;" next asserting that "the malignant sore throat described by Fothergill Huxham and Cullen is now universally admitted to be a modification of scarlet fever;" therefore, diphtheria being this malignant sore throat, hence it is a modification of scarlet fever. Dr. N., thought if Fothergill, Huxham and Cullen, with their fine powers of observation, great acumen, and exalted reflective powers, were not able to discover in their *cynanche maligna*, modified scarlet fever as "it is now universally admitted to be;" and if at not a very long time ago medical observers were not able to draw the line of demarcation between scarlet fever and measles, but classified both diseases under the head of the latter, it is not, while we hold these facts in view, very wonderful, if wonderful at all, at the present time that some of us with acumen powers of observation and reflection, not superior to those possessed by Fothergill, Huxham and Cullen, should not be any more able than they were to recognize, in the so-called diphtheria, modified scarlatina.

But, said Dr. N., I must hurry up with my authorities. Dr. Willan in his work on Cutaneous Diseases, remarks: "It is truly singular that the slightest of all eruptive fevers, and the most fatal disease known in this country, should rank together and spring from the same origin. Experience, however," (he continues,) "decides that simple scarlet fever, the scarlatina anginosa, the scarlatina (or angina) maligna, and the scarlet ulcerating sore throat, without the efflorescence on the skin, are merely varieties of the same disease; that all of them proceed from the same source of contagion is evident, because, under the same roof, in large families, some individuals have the disease in some form, some in another, about the same period."

Dr. Johnstone has related, in his description of epidemic scarlatina which prevailed in Worcester in 1778, that some individuals at the first seizure were, more or less, severely attacked with the scarlet eruption, with swelling, redness, and ulcers of the throat; yet others, in the same family, infected from them and by them had ulcerated sore throat without any efflorescence or eruption on the skin.

A. Tweedie, from whose article upon scarlatina, contributed to the *Cyclopedia of Practical Medicine*, these authorities have been taken, endorses them by saying: "These statements concur exactly with our own experience. . . . We had lately, an opportunity of observing in one family, the simultaneous appearance of the various forms of the disease."

Thus then, said Dr. N., I have presented authorities and facts which

clearly establish that scarlet fever anginosa, without the rash does frequently present itself, and that, too, in some instances in a malignant and deadly form. "The simultaneous occurrence," almost universally, of scarlatina and diphtheria is significant and strongly suggestive, of the common origin of the two affections. If this is not the case, then it is truly wonderful—the intimate companionship, not to say relationship, which exist between the blood poisons which produce these diseases, an intimacy so closely that they cannot be separated. It would appear, indeed, that they noiselessly moved abroad, locked arms as it were, each selecting his victim upon whom to breathe its peculiar foul and deadly venom.

Thus then, from our own observation, as well as from those that have written upon diphtheria, we know that not only in its introduction and development that it resembles, yea, is identical with scarlatina, save only that the eruption is not present: but we also know that in its sequelæ it is identical with the sequelæ of scarlet fever. Then, with these facts before us, and then recollecting that undoubted authorities and observers have declared that scarlet fever in its malignant form sometimes exists without any efflorescence on the skin, how can we come to any other conclusion than that diphtheria is a variety of scarlatina—scarlatina faucium. Then, too, how this conclusion is strengthened when we reflect upon the treatment which has been almost universally declared as the most successful in the management of the malady. The accumulating evidence at this day, in regard to what is the best medication in scarlet fever, points to chlorine in some form as the internal, and nitrate of silver as the local remedies. And is not this medication almost universally admitted to be by far the best treatment for diphtheria?

For the Medical and Surgical News.

Hydro Thorax, treated by Paracentesis Thoracis.

By D. H. RALSTON, M. D., of Martinsburg, Knox County, Ohio.

The following case, which is somewhat interesting, on account of the subject and his history, to me, may not be uninteresting to the readers of the Medical and Surgical News. I. L. A., a man somewhere in forty years of age, professes to be a Botanic Physician. He was attacked early in the winter of 1859-60 with Pneumonia of the left lung, from which, under his peculiar and favorite treatment, after several months, he made partial recovery, viz. by Hepatization of the lung.

In May he was again attacked with disease in the right chamber of the chest, which I supposed was Pleurisy. He was again subjected to the same kind of treatment, with what result the sequel will show. About the 19th of June, having learned that a consultation of physicians of his school had been had, and the case considered hopeless, I concluded to make him a call, he being my neighbor. I then learned that he had drifted into the hands of the great Electropathists, who were at the time creating a great deal of excitement in our vicinity by the wonderful cures which they *proposed* to make. He was at that time rejoicing over the relief he derived from the application of their Battery. The next visit and treatment by electricity utterly failed to give him relief, and on the morning of the 21st of June I made him a second neigh-

borly call and learned that a messenger had gone to notify Electropathy that his or their further visits were unnecessary. On examination I found the symptoms as follows, viz:—

He was in a sitting posture, being unable to assume the recumbent position. Respirations forty-two per minute. Pulse eighty. Tongue clear, but rather red. Abdomen, tumid. Thorax full, and the intercostal spaces on the right side filled out. Right side measured two and a half inches more than the left. Dullness on percussion as high as the fourth rib. His eyes were dull, and his countenance hippocratic.

As I regarded him in *Articulo Mortis*, without immediate relief, I tendered to him my services so far as "tapping" him was concerned; and after explaining to him and his family the nature of the operation and the probable result, he concluded to take the chance.

Some little delay being necessary, the operation was deferred to 10 o'clock P. M., at which time in the presence of his former physician, another young physician of the regular school, (whose name I will omit, because he declined to coincide with me in diagnosis,) and a number of his friends and neighbors, who had assembled to see the operation and of course the death of the patient, and the professional death of the operator. His former physician said he was satisfied there was fluid in the left side. The young doctor declined an opinion, and of course the whole responsibility of diagnosis, and the event of the operation, rested with the writer. Having determined to take that responsibility, the operation was proceeded with. The Trochar was inserted on a line betwixt the Axilla and Spine of the Ilium, betwixt the sixth and seventh ribs. On withdrawing the Trochar the fluid began to flow, to the great relief both of the operator and the patient. Owing to the position of the patient, when one quart of serous fluid had escaped, air began to enter the thorax through the Cannula. I then drew out the Cannula and closed the wound, when the patient laid down upon his left side and expressed himself as feeling comfortable. He soon after fell into a good sleep, from which he awoke and was much refreshed.

June 22nd. I visited him again and found that he had had a good night's rest and was quite comfortable. The patient was then placed on his right side, with his head and shoulders extended over the side of the bed, and the Trochar again inserted in the orifice made the day previous, and three and one-half pints of serous fluid was drawn off. The end of the Cannula was held under the fluid in the pan which prevented the entrance of air into the chest. At the close of the operation the pulse was one hundred and four. Respiration free.

June 23. Report said he had a comfortable night's rest, except some slight pain in his side. He then sent for his original doctor.

June 24. Visited him again non-professionally, and found him moderately comfortable. Breathing hurried. Free from pain. Pulse one hundred and eight. Tongue red and smooth. Flatulence of the stomach. Had had Botanic treatment.

26th. Visited him again in company with Dr. Rogers of Uica, by request of patient. Found him comfortable, except flatulence. Pulse one hundred. Tongue red and clear. Had had a hard coughing spell with sinking just previous to our visit, but reaction had taken place. Left side dull on percussion. Right side dull on percussion to the fourth rib. Respiration hurried and hard. We made no prescription.

and declined to take charge of his case. A Homœopathic physician, a relative of the patient being present, took charge of him.

July 2nd. Visited patient by his request. Found him comfortable except some difficulty of respiration. Pulse eighty-two. Auscultation revealed respiratory murmur in the lower portion of the right lung; but percussion revealed a dull flat sound, as high as the fourth rib.

Practiced Paracentesis Thoracis, and drew off about half a pint of serous fluid, all that could be removed at that time. He is still under Homœopathic treatment. About the middle of August, I was again summoned to see the patient. His physician fearing that the fluid had accumulated again, requested him to send for me, to obtain my opinion. I could not discover any change in his symptoms from my former visit. Soon after that he changed his treatment by discharging his Homœopathic friend, and purchasing some patent nostrum.

At the present time he is under Botanic treatment, and is in about the condition in which I left him at the time of my last visit in August. There has been no return of the Hydro Thorax.

I desire to call the attention of physicians to the practicability of this operation. I believe that it promises as much success as any other important operation, and yet I have known physicians to permit patients to die for the want of it, when it was of importance for the public good that the life of the patient should have been prolonged, even a less time than the life of this patient has been.

This is the second patient on which I have practiced the operation. The first was for Empiema. The patient recovered to perfect health. The case was reported to the Ohio Medical and Surgical Journal, before it had entirely recovered, and published in the ninth vol., and 2nd No., Nov., 1856, to which reference is made for the particulars.

RIVER VIEW, Ky., August 16, 1860.

MR. EDITOR:—Permit me to give you a brief account of a formidable disease which has made its appearance in this neighborhood, with a degree of violence that has filled our inhabitants with the greatest alarm. Three cases of marked and unequivocal Diphtheria have occurred among us, within the last twenty-five days, two of which recovered and the other terminated fatally. The treatment of this disease requires great promptness and energy. I will not attempt to give its causes, as I never like to mount upon the wings of conjecture; but will simply give the phenomena, effects and treatment.

CASE I.

On the 11th ult., I was called to a daughter of T. R. P——, who had been complaining several days. I examined her throat, and found the tonsils swollen and tongue highly charged with a brown fur. She is about seven years of age; had morning intermissions, and evening exacerbations. I administered a free emetic of ipecac; and finding that the bowels were rather constipated, I ordered calomel grs. iv., to be assisted by oil and turpentine, four hours thereafter. I also directed a gargle of salt, vinegar and water, to be used every six hours after the action of the cathartic, and left about grs. xii. quinine, to be given during the intermission.

On the following day, July 14th, I was again called in the evening, and was informed by her mother that she was suddenly and violently taken worse about noon. On a careful examination of her throat, I found the following prominent symptoms to exist: Tonsils much swollen, and apparently covered with a quantity of grayish, viscid mucus; a portion of the uvula enveloped by a false membrane; breath very offensive; pulse weak, but rapid; tongue red, and slightly swollen; respiration very much hurried; thirst insatiable, and constantly calling for water. I employed a strong solution of nitrate of silver, for the purpose of cutting it short. I used twenty grains to the ounce of water, passing the probang every six hours beyond the tonsils. I concluded that this treatment might arrest the spread of the false membrane. By some the nitrate of silver is prescribed with diffidence, and denounced by others, while by a third (and I would hope the most numerous class) it is esteemed a most appropriate and valuable remedy in this formidable disease. This is undoubtedly a local, as well as constitutional, disease. In addition to the solution, I left the following supporting means: Quinine grs. ij., carb. ammonia gr. i., every two hours; tinct. iron 15 drops, every five hours; and brandy at longer or shorter intervals, and in quantities according to circumstances.

July 15th.—Symptoms better, system nicely and accurately balanced, pulse soft, and skin acting. The uvula and tonsils now present a glossy, and somewhat purple redness. Same treatment continued.

July 17th.—Little patient still improving; discontinued quinine and ammonia, and substituted guaiacum.

July 17th.—Discharged, with a request that the brandy, muriated tinct. of iron, and guaiacum be continued for several days, though in diminished quantities, and that the solution be discontinued.

CASE II.

July 29th, I was called, in consultation with Dr. Morrison, to a little sister of the one just mentioned, aged three and a half years. Her countenance was pale and sunken; there was a peculiar huskiness of the voice; and the pulse beat from 115 to 120. By giving brandy and quinine, the pulse was found, on the succeeding day, reduced to 100, and there was some apparent amendment. We also made effort upon effort to treat her with the caustic, but in vain. She used the most active opposition to medication. Nothing that affectionate solicitude could procure was withheld, and though it indeed seemed cruel to force open the mouth, and compel her to take tonics and stimulents when her constant cry was water, yet it became our painful duty to restrain her in the gratification of her desire, and force upon her supporting means, even after the curable condition was very limited, and the prognosis was very unfavorable. She lingered a few days, and then expired. About twenty-eight hours before death, the voice was changed into a hoarse whisper, and the air seemed to enter impressedly as if it were forced through a very narrow aperture, and was attended with a dull, hollow sound.

CASE III.

* On Sunday, August 5th, I was asked to visit a negro girl, at the same house, 17 years of age. The following are the most prominent symptoms: Her breathing was laborious, inspirations rather short and apparently arrested suddenly at a certain stage; pulse very weak;

breath exceedingly unpleasant; her voice had a low moan; her tongue was swollen and of an ash color; uvula elongated; tonsils much swollen, almost in contact, and some fluid and blood flowing from the right nostril. Prescribed Hyd. cum. creta., to be followed in four hours with oil and turpentine, four hours after the oil and turpentine quinine grs. iv. and carb. ammonia grs. ij. every two hours, chlorate of potassa grs. iv. every five hours, muriated tincture of iron 15 drops every seven hours, a solution of nitrate of silver, 30 grains to the ounce of water, every six hours, passing the probang beyond the tonsils, and the free use of brandy.

August 6th.—General condition somewhat improved; I find, however, great prostration, indicating a continuation of supporting means. The inner surface of the left cheek, this morning, presents a pale pink color.

August 7th.—Rested well last night; the mind for the first time is active and capable of making an effort at reason or investigation.

August 8th.—Some appearance of exudation between the veil of the palate and base of right tonsil; the pale pink color now extends over the inner surface of the cheek, and also over the surface of the lower lip. Same treatment continued.

August 9th.—No appearance of false membrane; tonsils, uvula, etc., present a natural color. Same treatment continued.

August 10th.—Convalescence established. Advised brandy and iron to be continued for several days. I am induced to regard this as a disease of prostration. Tonics and stimulents, in my judgment, are decidedly indicated from the very onset, as they seem to act admirably. All days when cathartics were not given, the bowels were moved without.

Respecting the propagation of Diphtheria by contagion, I will simply remark, that all fear should be dispelled, and not the most remote idea of this kind be entertained by any man of generous impulses or intelligence. I will here state that in using the probang there was no pain produced, as in common inflammations of the throat, and though there was swelling about the neck, there seemed to be no difficulty in swallowing.

If these thoughts can be of any service to your readers, I am rewarded, and respectfully submit them.

I remain yours, truly,
—*Louisville Monthly Med. News.*

H. G. DUERSON.

Report On Pleuro-Pneumonia.

By G. GRANT, M. D., Newark, N. J.

It is admitted by all who believe and advocate the existence of a contagious pleuro-pneumonia, the recent cause of so much excitement, that it originated in a shipment of cattle by Mr. Chenery, of Belmont, Mass. It appears that those cattle were taken from a herd in Holland, in which there was no disease. There was none in the district, and none in the whole country, except a disease called "phthisis;" but there is no evidence to show that this is the same disease called incorrectly by another name. It was absent from that locality, and it is a fact that large num-

bers of cattle are imported to the United States without bringing any such disease at all.* The animals were well, in good condition, and it is fair to presume that one of the points in their selection was their health and vigor. These facts appear in the letter from Mr. Chenery, which is subjoined. During a voyage of forty-seven days the animals confined in close air, (probably in the hold of the ship,) with insufficient or unwholesome nourishment, or both, laboring in filth, with fatigue and distress, were exposed to the conditions of a true typhus, in other words, ship fever. Mr. Chenery is so well satisfied that his animals' bad condition, "bruised and emaciated," was due to bad treatment and neglect on the voyage that he libels the vessel. Of these four cows, one was killed immediately, another was killed nine days after arrival, the third twenty-seven days after arrival, and the fourth is now living in good condition. From these animals it is alleged has sprung the disease which has prevailed throughout the state of Massachusetts. In the presence here of all the conditions of true typhus fever occurring from its natural and ordinary causes, filth and animal miasm, with the susceptibility from distress and bad treatment, and the entire absence of any identified contagious disease from which it had its origin, I do not think that this disease called pleuro-pneumonia, can be considered as a specific or contagious disease, at least as yet, from the observations that have been made. The post mortem specimens; shown to me at the Boston State House, were similar to what is observed in the human subject in cases of typhus pneumonia. The testimony of several of the veterinary surgeons of Boston, as given before the legislative committee of Massachusetts on this subject, and repeated before this commission, was to the effect that the post mortem appearances of these cases were such as are commonly seen by them in subjects not affected by this alleged disease. There was uniformity in the testimony in this respect. In all the investigations that have been made, and the observations that have been taken by those residing in the locality of the disease, the facts are noted only that refer to the few animals that have been imported, and those that have been placed in contact with them. In this inquiry, all facts, though a multitude in number, that do not bear out this prejudged theory of a deadly contagious scourge, or ignored or overlooked. And it is remarkable that the notes thus made are few in number, and the observations unsatisfactory and contradictory.

After the most careful inquiry, nothing would lead us to believe that the cases which are alleged to have occurred in the state of New Jersey are anything but isolated sporadic disease of the lungs, which may occur among cattle at all times and seasons, and especially among those who have not good food, air, running water, and good pastures. In times of popular panic all widely spread epidemics are believed by the populace at large to be contagious. This has been the case in regard to cholera in modern times, in regard to leprosy in old times, in regard to certain pestilential fevers at various times. And the public have acted upon this persuasion, and sick individuals have been avoided, neglected, and fled from, as prolific fountains of contagious disease.† And yet these epidemics are now known and admitted, by the intelligent part of the medical profession, to be non-contagious. Would it not be well before yielding to the excitement, and adopting any of the sugges-

* See report of evidence before extra session Mass. Legislature, 1860.

† Dr. Bigelow of Boston.

tions which have prevailed in Massachusetts, to submit this matter to a more pains-taking and rigid examination?

All of which is respectfully submitted.

LETTER OF MR. CHENERY REFERRED TO ABOVE.

✓ Boston Aug. 11, 1860.

Dr. G. GRANT, Newark, N. J.

Dear Sir—Your esteemed favor of the 7th inst., is received, and I take pleasure in answering your inquiries.

On the 24th of last January, I addressed a letter to my correspondence in Holland, in relation to the disease that had been so fatal amongst the cattle at my "Highland Stock Farm" in Belmont, inquiring whether the disease known as "pleuro-pneumonia" had prevailed in the particular locality where the four cows to which you refer were obtained. In due course I received an answer to that communication, stating that no disease had prevailed in the particular stables where my cows were procured, but that there was existing throughout the whole country a disease known as "phthisis," a "pulmonary disease," with which cattle, when infected, suffer a long time before it is observable. This disease is undoubtedly the same as that denominated here, "pleuro-pneumonia." The four cows were not affected at all prior to shipment, but were to all appearance *in the very best condition* when put on board the ship at Rotterdam. They were obtained at Pumerend and the Beemster, in the north of Holland, and great care was taken in their selection. It may, however, be remarked that the cows were detained some two weeks at Rotterdam, having arrived there some two weeks before the vessel was ready, and the presumption is that the infection was communicated to them there, inasmuch as large numbers of cattle are understood to be kept there, and fed upon the slops from the gin distilleries located at that place.

You have the report of the evidence given before the joint committee of our Legislature at the late extra session, and I am not in possession of any new facts of importance in relation to the disease, that have not been made public. I will, however, allude to one important case that may have escaped your notice. It will be remembered that, during the session of our Legislature, great excitement existed in the state of New Hampshire, caused by the report that a yoke of oxen, belonging to me, had imparted the disease to a herd in the neighboring town of Lexington, and that it had been carried thence to that state. The Lexington cows, that were supposed to have taken the disease from my oxen, were slaughtered by order of the commissioners, a short time ago, and found, on post mortem examination, to be perfectly well, thus demonstrating that all the reports relative to diseased animals slaughtered in that state were entirely without foundation.

As regards my own herd, I would say that not a case of active disease has occurred on my farm since last January. An injunction was put upon my herd on the 16th of April, by the "commissioners for extirpating the cattle disease," and consequently, the cattle have since that time been confined to the stables--yet they have, without exception, improved in appearance up to this time, and, within a few days have been examined by "eminent veterinarians," and all but three pronounced free from disease; and yet it is a remarkable fact that this whole herd, excepting three animals, were on the 16th of last April, consider-

ed by our commissioners and their "experts," very much diseased. If their diagnosis was correct at that time, nature must have been performing wonderful cures, as no doctors have been employed nor medicine administered since.

The commissioners disposed of my herd last week by isolating ten of the animals (including the best of my Dutch stock, which they allowed me to retain,) and the balance of the herd they condemned, but retained for the present in anticipation of the organization of the Medical Board of Examiners, under our new law, supposing some of the animals would be required for their experiments.

Those persons most competent to judge in the matter, seem divided in opinion as to the future of the disease here, in Massachusetts, some believing that many of the exposed animals have latent disease, which will become active during the cold weather of the coming autumn, while others hold to the opinion that the disease has had its "run."

I am very respectfully, yours,

WINTHROP W. CHENERY.

[Our readers will observe that neither Dr. Grant's Report, nor Mr. Chenery's Letter states any facts that disprove the hypothesis of special infection, or the importation of a contagious disease from Holland. That the malady which recently attracted attention in New Jersey, was simple idiopathic or sporadic pleuro-pneumonia, such as is liable to occur under like circumstances at any time and in any place, appears very probable. Pulmonary and typhus affections are liable to occur both sporadically and endemically among cattle, as well as in the human race, without the aid of contagion. And we have no doubt that cases of acute pleuro-pneumonia and infectious idiopathic typhus may at this moment be found in almost every over-crowded distillery stable in the United States. But it should be borne in mind that the epizootic which in Holland is known as "phthisis," and in France, England, South Africa, and other countries is denominated "pleuro-pneumonia," is essentially different from the ordinary "peripneumonia" and typhus of cattle. And the question of its contagious or infectious character, wherever the malady has existed, certainly appears to be as conclusively determined as the facts relating to the infectious propagation of typhus in man. Both are manifestly specific diseases, and capable of being propagated from and by the sick—types of diseases that are positively infectious, but which, like all the infectious and contagious maladies, *except variola*, are not necessarily and invariably communicated to a majority of the individuals exposed—the propagation of the disease from the sick always being dependent upon contingencies. Our readers will note the straightforward statements of Mr. Chenery in reference to the conditions or *contingencies* that served to develop the fatal malady in his imported herd. Epizootic "phthisis" was prevailing throughout Holland, as he states in his letter to Dr. Grant, and, as he justly believes, that disease was developed in his imported stock by peculiar endemial influences and exciting causes during a long delay in Rotterdam and a protracted sea voyage to Boston. The fact that only a portion of any particular herd is usually attacked with this disease, does not militate against the hypothesis of its being a positive infection. A few years ago this subject was submitted to a *satisfactory test by the French Scientific Commission on "Epizootic per-*

pneumonia." Forty-six cattle in perfect health were brought into immediate contact with a few members of a sick herd. Of this number, fifteen contracted the disease; ten others manifested incipient symptoms, but speedily threw off the effects of the virus; twenty-one appeared entirely unaffected by the exposure; three of the susceptible class eventually died with the disease, and presented its pathological evidences.

Eighteen of those that escaped death in the first exposure, were subjected to a second and a third exposure, and these escaped as follows:—four experienced slight indisposition, nine were uninfluenced in all the exposure from the first; and the five individuals that had suffered at first remained entirely unaffected by subsequent exposures. And as the result of all the experimental observations of that learned Commission, the following instructive facts were clearly established:—that forty-five out of one hundred animals, when voluntarily exposed, were found to contract peripneumonia; twenty-four others experienced some indisposition; and thirty-two escaped altogether.

That special endemial influences or an "epidemic meteoration," has at times preceded or promoted the propagation of this epizootic is highly probable; but that the disease has repeatedly been conveyed from place to place by the sick, and especially that it was imported from Holland into England, Denmark, and South Africa, as well as into the United States, there appears to be abundant and conclusive evidence. For information in detail upon this subject we would refer our readers to the excellent report of Dr. E. H. Greenhow, of London, and to the Minutes of Evidence recently published in Boston. But in all investigations relating to evidence of infection or contagion, the medical inquirer needs to take individual conclusions and opinions *cum grano salis*, and should search very rigidly into the natural history of alleged infections, and the proximate and contingent conditions or causes of their propagation. We are glad to see that Dr. Grant has commenced his investigations in this spirit.

As our present convictions lead us to differ from the doctor's conclusions we will state a few points of difference—in the form of queries to be answered:—Why have the most unprejudiced and scientific investigators in France, Great Britain, and Denmark, arrived at the conclusion that this malady is contingently infectious? Why has the complete insulation of a healthy herd invariably been found to afford perfect protection from the pleuro-pneumonia when prevailing in the neighborhood of such herds? Why has that disease spread so uniformly and so exclusively in connection with the diffusion of cattle from the herds in endemic districts? Why is the peculiar and characteristic lesion of encysted masses of the lungs never seen except in the pleuro-pneumonia that is alleged to be infectious?—*American Medical Times*.

On Periodicity as a Character of Disease.

By RICHARD HUGHES, M.R.C.S., L.R.C.P.Ed.

Surgeon to the Brighton Orthopædic Hospital.

There is one disease—ague—of the phenomena of which periodicity is an invariable characteristic. There are other affections—the neuralgic and nervous headaches—which very frequently assume a regular

intermittent character. And, occasionally, in the course of various diseases a tendency to a periodical type is manifested.

Quinine and arsenic are specifics in ague. They are hardly less valuable in neuralgiæ and nervous headaches. And when, in works on Medicine, we meet with the remark that sometimes the symptoms seem to come on periodically, it is generally coupled with the statement that in these cases quinine will be found of the utmost value.

What is the *rationale* of these facts?

The cause of the regular periodic recurrence of the paroxysms of intermittent fever is discussed at length by Dr. Watson in the first volume of his Lectures on Medicine, p. 758. After passing in review the various theories that have been advanced to account for it, he leaves the subject as one altogether uncertain. Cullen's hypothesis as to the influence of diurnal habit he thinks the nearest approach to the truth; but admits that this will in no way account for the tertian and quartan types of ague. In this state of uncertainty, the peculiar poison—malaria—which causes intermittent fever has been generally regarded as the source of its periodical character. It is supposed to act in the way of a ferment in the blood; and the zymotic process set up by it is supposed to have its regular development and decline, the paroxysms being its effect on the nervous system when the process attains its acme. When other affections manifest a periodic type, it is supposed that their subjects have either had ague, or been exposed to malarious influences. On the other hand, quinine and arsenic are considered to be antidotes to the malarious poison, and thus to counteract its periodic influence in all affections which tend to assume that type. But I think I shall be borne out by general experience when I assert that periodic phenomena are manifested in many a case of neuralgia or other disease, when the hypothesis of malarious influence is altogether shut out. This theory, therefore, in itself *a priori* most improvable, must be at once rejected.

If, then, the periodicity of ague does not depend upon the peculiar poison which occasions it, does it depend upon the peculiar portion of the organism which that poison affects? This is universally acknowledged to be the nervous system—the *sympathetic*.

Let me place one after another some of the principal phenomena of the cold stage of ague, with those produced by galvanization of the sympathetic in the neck.

In the cold stage of ague "the patient feels chilly; the blood deserts the superficial capillaries; he grows pale, his features shrink, his skin is rendered dry and rough, his respiration is quick and anxious; his pulse frequent sometimes, but feeble; all the secretions are usually diminished; may make water often, though generally he voids but little, and it is pale and aqueous; his bowels are confined, and his tongue is dry and white." —(Watson, *op. cit.*, p. 735.)

Let Dr. Brown Sequard now tell us the result of his galvanizing the sympathetic in the neck. "The pupils are dilated; the eyelids wide open; the globes protruding. Blood deserts the superficial vessels; secretion is diminished or checked; temperature and all vital functions lowered."

It is clear from the above that the essential phenomena (diminished afflux of blood to the surface, check or secretion, and lowering of temperature) of the cold stage of intermittent fever may be produced artificially by excitation of the sympathetic nerve and are dependent

upon the contraction of the blood vessels thereby occasioned. The hot stage is no less explicable as the natural reaction of the vessels to even beyond their normal calibre, and finds its precise analogue in the phenomena which results from section of the sympathetic in the neck.

It would appear from the above that the sympathetic system is that part of the organism specially affected by the malarious poison, and that the phenomena of ague depend on a periodic excitation of it by the poison, followed by an equally immoderate reaction in the opposite direction, which latter at length settles down to the equilibrium of health. And upon the hypothesis the beneficial influence of quinine and arsenic in this disease receives its perfect *rationale*. For these are well known as (to use Dr. Handfield Jones' term) "toners of the vaso-motor nerves"—i. e., of the sympathetic, and their tonic influence thus exerted will obviously render it capable of resisting the morbid irritation of the malarious poison—a view of which is confirmed by the well known fact that quinine is no less valuable as a preventive than as a curative agent against this malady.

But will the fact of the sympathetic system being the seat of the phenomena of ague help us to explain the periodic character of these phenomena? I think it will. Let us consider the actions of the heart and the uterus, two muscular organs supplied mainly or entirely by this nerve.

What is the cause of the rhythm of the heart? It cannot be the stimulus of the blood, or of anything else within the body: for a frog's heart will continue its regular systole and diastole for some time after its removal from the thorax. The only motive agency then left to it is that of the sympathetic ganglia, which are imbedded in its substance. To these nervous centres we are therefore shut in our inquiry as to the heart's action; but the influence of these centres is neither continuous nor occasional, but rhythmical—i. e., periodic.

The uterus resembles the heart in its also possessing numerous sympathetic ganglia imbedded in its muscular walls, and in entire independence of the cerebro-spinal system in its movements. Is there anything here periodic? We immediately think of the regular monthly recurrence of the phenomena of menstruation, and of the act of parturition, which (as first shown by Dr. Tyler Smith in the pages of *THE LANCET*) is determined by the menstrual periods, being normally due on the 21st day after the commencement of the last menstruation.*

From the marked periodicity apparent in the actions of these two organs, exclusively animated by sympathetic ganglia, we seem justified in the conclusion that a periodical evolution of nerve-force is characteristic of this division of the nervous system; and if this be the case, we cannot be surprised that it should give its peculiar character to phenomena resulting from the effect of a poison upon itself. Thus the periodic character of the paroxysms of ague is reduced under the mere general law of the periodic character of phenomena, morbid or natural, over which the sympathetic system presides, dependent upon the endowment of this system itself.

It follows that periodic phenomena appearing in the course of an y

*This theory should be more widely carried out in obstetric practice. I have been delighted at the exactitude with which it has enabled me to predict even the day of delivery. The advantage of such a pre-knowledge, whether to patient, or practitioner, is immense.

other diseases must be attributed to an involvement of the sympathetic system in their morbid irritation; and thus the beneficial effects of quinine and arsenic in all such cases fall under the general law of their toning influence upon that system. I may instance the most common affection which inclines to a periodic type—nervous headache. Dr. Symonds, in his admirable Gulstonian Lectures upon this subject, shows by many arguments that the vascular nerves (i. e., sympathetic) of the brain and skull are the seat of pain in this affection, and in common with general experience, regards quinine and arsenic as the sheet-anchor in its treatment.

I venture to admit that the following original conclusions are established by the preceding considerations :—1. That ague is an affection of the sympathetic system. 2. That its periodical character is dependent upon a periodicity impressed upon the sympathetic system, and manifested in all the phenomena, morbid and natural, over which it presides. 3. That the *modus operandi* of quinine and arsenic in ague and other periodical affections is the toning influence exerted by them on the sympathetic nerve. The doctrine also of the dependence of the heart's movements on its embedded ganglia, and of the menstrual periodicity as the determining cause of parturition, receive no slight corroboration; and our instinctive recourse to quinine and arsenic, whenever periodic symptoms manifest themselves, receives alike its *rationale* and its establishment.

Susannah C——, aged thirteen, admitted into the Essex and Colchester Hospital, Feb. 24th 1859. The following history, down to the middle of November, was obligingly furnished to me by Mr. Johnson, the house-surgeon :—The account this girl gives of herself is, that she has never had any particular illness until about two years ago, when she had fever, which laid her up for about seven weeks; but she has always been delicate. On admission she complained of feeling weak, and being unable to follow her employment, that of factory hand. She states that she has been accustomed to work in a room heated by steam pipes, and that she was in the habit of fainting away at her work. She dates her present illness from running home one day in the wet, when she felt pain in the side, with slight cough, which confined her at home for a few days, when she resumed her employment for two days. She had medical advice, but received no benefit. On April 22d (whilst in hospital,) she had a good deal of pain in her head and back; and on coming up stairs, she fell and lost consciousness and remained insensible from seven p. m. till two a. m., during which time she was very rigid, but did not struggle. On recovering sensibility, she felt pain in her left leg, which she attributed to rheumatism, and did not mention it until she discovered that she had lost all power of using it, and that it had no sense of feeling. About this time she complained of pain in her back. She was put under the influence of mercury, and the tartrate of antimony ointment rubbed along the course of the spine. From this time she had attacks of insensibility about once a week, until Sept. 29th, when she left the hospital on five weeks leave of absence much improved in health. She was admitted at the expiration of her term of leave, having had several of her old attacks, and was altogether not so well in health as when she went out. Her leg was now more particularly examined, when she was found to have neither motion nor sensibility from her knee downwards. The muscles and integuments of the

thigh appeared scarcely, if at all affected. She was ordered tonics and good diet, and the leg to be galvanized daily, and frequently rubbed with a rough cloth.

The patient came under my care about the middle of November, and I continued the above treatment for another fortnight, without any benefit.

On the 1st of December, I carefully examine the spine, which was extremely tender on pressure from top to bottom. So sensitive was this region, that she could not bear the slightest pressure without pain, and even gentle percussion made her cry out. This tenderness was more pronounced in the lower part of the dorsal region, just below the antero-posterior curvature in this situation, but not localized over any particular vertebra. She had no fit since she came under my care. Her complexion was sallow and expression dull. She had never menstruated. Appetite bad; bowels regular; urine normal. The left leg was completely paralysed below the knee, and insensible to pain. She could use the flexors of the thigh so as to bend it partly towards the abdomen and there was no anæsthesia above the knee. I ordered her to have two grains of ergot twice a day, and the spine to be rubbed night and morning with a liniment containing extract of belladonna: the leg to be well rubbed with the flesh brush, and the diet to be liberal, with moderate allowance of beer.

The only alteration in this treatment up to the 25th of January, 1860, was that of increasing the dose of ergot to four grains after a slight appearance of the catamenia on the 22nd of December. After the first fortnight she began gradually to amend, and the notes in my hospital book are—

Jan. 14th.—Begins to walk nicely *without assistance*; sensibility has in a great measure returned in the limb.

23rd.—She is daily gaining more use of the limb; spine is still very tender.

25th.—To be made an out-patient. On the 5th of February she walked up to the hospital from her residence in the town. She had quite gained the natural use of the limb, but spine still remained tender. To continue the liniment, but omit the ergot. I have not seen her since.

Remarks—Now, what was the pathology of this interesting case? We have, in looking over the history, evidence of a lesion of the cerebro-spinal system and its consequences—loss of consciousness, tonic spasms, paralysis, anæsthesia. The spinal curvature I satisfied myself did not depend upon diseases of the bony column, and the tenderness along this tract indicated, I think, inflammatory action, as well as that combination of symptoms, as Dr. Brown-Sequard has it, termed “spinal irritation.” I think it will be admitted that the amendment was entirely due to the treatment. It was founded upon the above view which I took of the pathology of the case, and upon the principles so ably set forth by Dr. Brown-Sequard as to the therapeutical action of ergot and belladonna in the treatment of myelitis. In my notes of the lectures I heard delivered by that distinguished physiologist in Edinburgh I find the following:—

“Strychnine is almost useless in all lesions of the spinal cord, and especially hurtful in congestions of that structure. It acts by producing paralysis of the blood vessels of the cord, and therefore in its

lesions it can only increase the morbid effects. In sympathetic paraplegia, however, it is very useful. Ergot of rye and belladonna may both be used where strychnine cannot; they excite reflex action by acting upon the blood vessels of the nerves."

In the summer of last year I saw two cases of myelitis with partial paralysis of the lower extremities, the bladder, and rectum, successfully treated with ergot of rye and belladonna by Professor Bennett, in the Royal Infirmary of Edinburgh, such treatment being founded upon Dr. Brown-Sequard's views. I therefore venture to draw the attention of the profession to the subject by the details of the present case.

Pulmonary Fistula.

Ellen Murray, 35 years of age; no hereditary tendencies; has generally enjoyed very good health prior to her admission to the Hospital on the 15th of June, 1858, for continued fever. She continued in the Hospital until August 28, when she was delivered of a healthy boy after a very easy labor of only eight hours duration. Two weeks after her confinement she took cold, which was followed by an attack of pleuritis, for which the usual treatment was employed. The case did not progress well. Paracentesis thoracis was performed, and there continued to be a discharge from the opening for three months. Patient took her discharge on the 15th of May, 1859, with directions to use the best food she could obtain, and avoid exposure. At the time of her discharge from the Hospital there had been no discharge from the pleural cavity for two months, the opening having entirely healed. August 21.—Patient was readmitted to the surgical wards of the Hospital with the left breast swollen to nearly four times its normal state; it was red, tender, and had a distinct fluctuation. As she had not nursed her child, and had received no blow upon the breast, this swelling was decided to be an abscess. She had the appearance of a person in the last stage of phthisis; coarse crepitus was heard over the whole of the left lung. On opening the abscess bubbles of air passed out with the pus. August 23.—The expectoration, which had been profuse, had almost entirely ceased, and the discharge flowed from the opening in the breast. On pressure the air can be felt cracking under the finger, in the same manner as in the emphysema following a fracture of the rib. On coughing, little bubbles of air pass out from the opening which has been made in the breast. It continued open, and the pus discharged freely, patient often turning on the diseased side to favor the discharge, till Oct. 2, when the opening closed. Immediately the patient commenced expectorating, filling in the course of the day a pint cup with the characteristic sputa of phthisis; previous to the closure of this opening she had not more than one or two sputa daily. Her treatment has been tonic and sustaining. The patient continued expectorating in this profuse manner for three days, when the pulmonary fistula re-established itself, and the expectoration ceased. Oct. 15.—Patient very feeble; ordered 3 ss. ol. morrhux in 3 ss. tr. cinchonæ co. It was found that the patient, under this treatment, was able to take and retain cod liver oil, and the dose was soon increased, so that she took 3 ss. three times a day with the tr. cinchona co. The opening would often close, and the patient would then expectorate, but when

it again opened the expectoration would cease. She left the Hospital in very good health, the following note of her case being made at the time:—"She still has a cough without expectoration, cannot undergo any great exertion; for the last month has complained a good deal of pain over anterior portion of left chest, with much tenderness on pressure. This has not been relieved by plasters. Her general health is very good; has gained much flesh within two months; left side of thorax is much contracted, the shoulder falling considerably, while the right is rather bulging, giving well marked deformity to her person; no respiratory motion over left chest; no vocal fremitus except at the apex, at the inner part, anteriorly and posteriorly; perfect flatness except at the apex; right lung unusually resonant; no respiratory movement under left lung except under axillæ; the heart's apex is rather nearer the median line than normal, but strikes about the sixth intercostal space; respiration in the right lung perfectly normal." Patient now menstruated the first time for two years.

On a Case of Abscess of Bone. Operation; Cure.

WITH CLINICAL LECTURE THEREON BY MR. QUAIN.

Reported by W. L. Winterbotham, House-surgeon to University College Hospital.

Charles J.—, aged thirty-one, married; a pale fair haired man; admitted May 3rd, 1859, into University College Hospital under Mr. Quain.

Previous history.—A native of London; painter by trade, but never had cholic or rheumatism. When twelve years of age, he severely twisted his right leg, and bruised the skin over the tibia. He was confined to bed for five weeks, and a number of openings made their appearance over the front of the bone, through which matter and pieces of bone were discharged. When sixteen years and a half old, he struck his right knee, which caused it to swell, and occasioned much pain in the tibia; this was poulticed. An abscess then formed over the upper end of the bone, which discharged and healed up. Two years and a half ago, he slipped and struck the head of the right tibia against the rim of a barrel. He then entered this hospital, where the part was poulticed, and he left well in a fortnight. The limb now remained sound till about four weeks ago, when he again began to feel pain in it,—the pain being severest at night, and preventing him from sleeping. On this account he again applied for relief at the hospital.

Present state (May 5th).—When both legs are examined, there is a marked difference perceptible between them,—confined however, to the upper halves of the tibia. The right one is considerably larger than the left, and is arched forwards, so that the part below the head, usually slightly concave at each side, is changed into a convexity. There is no redness or other ulcerated appearance of the skin. When this part is pressed on, the patient complains of an aching pain. This pain, moreover, is always present in a slight degree; and, upon careful questioning, he states there is a throbbing sensation, like as he says, to the feel of a "gathered finger." He does not sleep; his face expresses suffering; appetite bad; has had distinct and repeated attacks of shivering, but none lately; he suffers no pain except in the diseased limb.

Operation (May 10th).—Mr. Quain made a crucial incision over the

anterior surface of the right tibia, about two inches below the head, and applied a full-sized trephine. On removing the bone, a large quantity of pus welled up from a cavity in the cancellated tissue, of the size of a large walnut, at the distance of about an inch and a half from the surface; into this a strip of lint was inserted, and afterwards a poultice was applied. Ordered to take a full dose of opium.

12th.—No pain, but a soreness about the part.

24th.—General health remarkably good; wound is granulating freely at the surface and sides, but not at the bottom.

June 14.—Since the last report everything has gone on favorably; the wound has gradually closed, till there is now but a small opening left.

After having attended two or three times as an out-patient, the wound completely closed, and the man returned to his work.

In this clinical lecture, on the subject which this case illustrates, Mr. Quain observed, that "the first point—the main point—is in this, as in many other cases, the formation of an accurate diagnosis. To establish it here the chief reliance must be placed on the character of the pain and swelling. As regards the pain, it is often difficult, in examples of local suffering, to determine if the suffering is owing to an appreciable local disease or not; and the presence of local disease—say of bone—being decided on, it is essential to determine its nature, for on the decision arrived at must depend the treatment.

"Very intense pain is found to exist without appreciable local disease; for instance, I was asked by a surgeon connected with a dispensary in this neighborhood, to see one of his patients who had suffered for a considerable time from pain—excruciating pain—in one of the knees. I found the knee and the hip free from evidence of organic change. It was an example of local nerve-pain. Subsequently, the limb was amputated at the thigh by an eminent surgeon, who took a different view of the cause of the suffering. But the joint was sound, and the operation only served the purpose of proving again, and beyond all question, what was well known before, that local pain by itself is not a proof of appreciable local disease.

"The reverse of this too, happens:—e. g., I know a person who complained of tingling in the fingers of one hand, and inability to use it. He had been treated for more than a year, and had taken a large quantity of medicine in the belief that the tingling in the nerves arose from an affection of the brain. Yet it was wholly the result of a swelling in the wrist, of which he was almost unconscious, and to which he had not called the attention of the physician under whose care he had been. The pain and disability in the fingers were removed by the removal of the disease in the wrist.

"Examples of pain occasioned by disease at a distance from the seat of distress are of every day occurrence at the hospital. You will remember a man suffering much in the wards just now, who complains exclusively of the knee, which is free from disease, the real malady being at the hip. Such cases must be familiar to you. But one case, from its singularity, may be dwelt on for a moment, as affording a clear illustration of this kind of suffering. A female patient complained of intense pain under the balls of the toes, across the foot. She had long been under treatment at various institutions; had taken much medicine, including arsenic, and she stated that she derived relief from that drug.

and only from it. The relief was however only transient. Suspecting however from the appearance of this person, that there might be a local cause,—perhaps from pressure on some part of the nerve, at the end of whose branches the pain was felt,—I made a closer examination along the limb, and found a small swelling on the back of the thigh, beneath the hamstring muscles. Pressure upon it aggravated the pain of the foot. I removed a bone like tumor from the interior of the internal popliteal nerve, and the long suffering in the foot was thenceforward at an end.

“Pain, then, may exist without appreciable local disease at the part where it is felt or elsewhere; it may result from disease, more or less remote from the seat of suffering; and it occurs (this is most common) in close connection with actual disease. Of this last, examples are constantly before us in the hospital in cases of disease of the bone.

“I have said enough to show the importance of a close inquiry into the cause of that important symptom, *pain*, in order to determine what it really betokens. To the indication afforded in the case under observation we shall return presently. Meanwhile a few remarks on the *swelling*. We have to inquire if that swelling was a certain indication that active interference was necessary. Here, too, as in every other matter of practice, cases previously observed, will help us by illustration or contrast. Brief references will be enough for our present object. A man, aged forty, felt in going down stairs, and afterwards in walking anywhere a good deal of pain in the upper part of one leg, and he fell lame. On examination, the tibia was found to be enlarged above the shaft, and the enlargement was accompanied by a change of shape. The bone was filled out on each side below its head, so as to be uniformly rounded instead of being angular, as it normally is. The contrast between the limbs was very well marked. The pain, though severe during exercise, was diminished, but did not cease, during rest.

“With improvement of health, which had been somewhat impaired, this gentleman was relieved of his local pain, and now after the lapse of twelve years he is able to take any active exercise on foot, without suffering; he *feels no pain*, but the *swelling continues undiminished*.

“That, like the case the history of which I have read to you, was an example of swelling of the bone confined to the upper end, and accompanied with pain. We are seldom without examples of enlargement of the shaft of the tibia, attended with more or less suffering from pain. The enlargement or hypertrophy in these cases commonly affects the thickness of the bone only, but occasionally its length. The worst cases of thickening of the bone that I have seen have been connected with syphilitic taint of the system. In such cases the shaft is the part chiefly affected.

“Let us turn now to the pain and the swelling in the case recited, as the guides in forming a diagnosis. First, as regards the pain. After careful examination, it was plain that the pain did not arise from any general or constitutional state of the patient. He had never been subject to any local pain without a local disease. He was a laborious and healthy man, not one of the class of persons in whom pain without a local cause is found to arise. There was not, moreover, any disease in the limb, except in the place referred to, to account for the pain, and no other conclusion seemed possible but that the pain arose from the *swelling* at the point at which it was felt.

"The character of the pain was not without its importance. The patient described the pain as like that of a "gathered finger;" it was such, in fact, as might be expected when pus was being formed.

"Again, as to the swelling it was confined to the end of the bone, and it is at that part of the bone that collections of pus have been met with. It had not lasted for a great length of time, and there was tenderness to the touch over it.

"These were the circumstances that led to the conclusion that the patient's sufferings were owing to abscess in the cancellated part of the bone, and to the practice pursued."

Can a Woman remain Ignorant of her Pregnancy up to the time of her Delivery?

Sir:—In the year 1852, I attended a young married woman, aged nineteen, and delivered her of her first child, under the following circumstances:—I was hurriedly sent for to visit her, it being supposed that she was laboring under inflammation of the bowels. On my arrival, I found her free from all inflammatory symptoms; but I had not been long with her before she had a violent labor pain; another, and another followed. I examined her abdomen, which I found somewhat enlarged. I took her mother aside, and expressed my fears that the patient would miscarry. She smiled, and said she was sure her daughter was not pregnant at all. She had never had any symptom of it, had never felt any motion as of a child in the womb, and no preparations had been or were making in the way of providing clothes for the infant. I administered an opiate with the view to prevent the miscarriage; but on my return, two hours afterwards, I found labor had progressed steadily; she was soon delivered of an exceedingly small infant, apparently still born; but, by the use of the hot and cold bath alternately, I had the satisfaction of handing over to its unbelieving grandmother a living child, and I may add that it is now a strong, healthy boy, eight years old. This was certainly the smallest living infant I ever saw; it could not have been, from its appearance, more than six months and a half in utero.

On cross-examining the mother of the child, she assured me she had not the most remote idea that she was pregnant, and had never felt any movement or other peculiar feeling in the abdomen. The enlargement of the belly (which was not very great) she had never paid any regard to. Having been very delicate before her marriage, her catamenia had been extremely irregular, so that no exact data could be obtained as to the duration of the uterine life of the infant. The patient moved in the middle ranks of life, and was in every respect trustworthy, and from what I know of her, I feel assured she would conceal nothing from me. Being a married woman, she had no reason to conceal anything, but, on the contrary, felt proud of her offspring. In further confirmation of the unexpected nature of the event, I may mention that as it happened on the 1st of April, considerable difficulty was experienced with some of her friends in convincing them of its truth.

This case then, I think, proves that a woman *can* remain in ignorance of her pregnancy up to the *very* time of her delivery, and is perhaps worthy of a place in your columns.

—*Lancet.*

R. SCOTT ORR, M.D.

Letter from David P. Smith, M. D.

EDINBURGH, August 13, 1860.

To-day Professor Syme removed an adipose sarcoma hanging from the posterior margin of the axilla. It was very large; incision being required of fifteen inches in extent. Chloroform is here given very freely on a napkin, loosely applied to the patient's face. In reply to a question of mine, Prof. Syme said he had never seen a fatal case from chloroform, and that he thought all danger incurred in its use arose from bad management. In closing the wound he used silver sutures, which he remarked he owed America for. An epithelial cancer of the lower lip was removed by an oval incision made with scissors instead of our ordinary V-shaped incision, care being taken to unite by suture the skin with the mucous membrane. I was surprised to find that immediately after the operation, although there was considerable loss of tissue he was able to completely close his lips. I am not sure but that it gives less deformity than our ordinary V-shaped incision.

August 14.—Prof. S., after dissecting up the scrotal integuments and joining them with silver sutures over a fungus of the testicle, remarked that he considered it a mercurial disease. That in certain systems the use of mercury, which might indeed cure the symptoms for which it was used, in the end produced just this state of things. A child of six months was brought forward to be operated upon for hare-lip. Prof. S. remarked that he did not usually operate upon infants of so tender an age, but that in the present instance the deformity was so great that he considered an early operation very desirable. He first caught the two depending angles of the cleft and the upper lip each with a pair of spring forceps. Letting them hang down by their own weight, the paring of the edges was rendered easier of accomplishment. A piece of wet lint was put upon the cut surfaces, and the child taken away so that the bleeding might cease before the edges were approximated. After the performance of another operation, say in about twenty minutes, the lint was removed, and one hare lip pin being introduced just above the margin of the lip, the edges were further approximated by the silver suture. A curious case of varicose aneurism was shown which occupied the whole side of the head beneath the ear, projecting into the mouth under the jaw. Before entrance to the hospital it had been several times punctured through the mouth with needles. Nothing but blood had issued. It was found to be easily compressed, and pervaded by a strong aneurismal thrill plainly perceptible to the hand. This thrill was most plainly felt over the external jugular vein. Pressure on the carotid exercised no influence over it. Prof. S. declined doing anything for it. A girl was shown with an exostosis of the head of the fibula of great size. Prof. S. considered any attempt at its removal as so dangerous on account of the almost certainty of opening the knee joint, that he could advise nothing short of amputation. I now remember to have seen somewhere recently reported, the case of a gentleman upon whom Mr. Liston operated for the removal of a similar but much smaller growth. The man died.

August 15.—To-day Mr. Spence removed a urinary calculus from a boy about fourteen years old by the ordinary lateral operation. The stone was one and three-quarter inches long, by one and a quarter and one inch in short diameters. I have seen in the private practice of Mr.

Edwards some very interesting cases of exsection of the joints. One case in particular deserves notice. It is the removal of all the carpal bones for strumous disease. Although but a short time has elapsed since the operation the patient, a girl of 12 or 14 years, can sew very well with it, and grasp so small an object as your finger with almost unimpaired prehension. Assuredly excision of the wrist joint will yet be preferred to amputation.

August 21.—Prof. Syme operated for removal of false joint of humerus about five inches above elbow joint. When a case is admitted into the Infirmary, he orders a firm case to be made for the arm, of starch and pasteboard, keeping the elbow at a right angle. When this case, which extends from the top of the shoulder to the ends of the fingers, becomes dry, it is removed, an incision made down to the end of the bone, the fractured ends cut off, and then the arm replaced in this firm case. The wound is easily reached and dressed through a window cut in the case, and this splint is retained upon the arm for a long time.

In the case before us, the arm had been fractured fourteen weeks previous, and there had apparently been no attempt at union. The ends of the bone not being easily turned out, were removed by cutting forceps. I am of the opinion that the views of Prof. F. H. Hamilton with regard to the cause of this complication of fracture, are correct. Cases occurring in my own practice have shown me the almost impossibility of securing immobility of the upper arm, while the elbow joint is flexed. The eminently philosophical suggestion of Professor Hamilton deserves extensive trial.

A few days ago I enjoyed the hospitalities of Prof. Simpson, and saw at his house Dr. Olliep of Lyons, who showed us the results of many experiments he had made upon rabbits, to demonstrate that periosteum is the sole producer of bone. He also showed that periosteum transplanted into different parts of the body of the rabbit would produce bone. I believe it has been noticed in the practice of Dr. Jas. R. Wood of New York, that when his plan of introducing and moving a probe around a sequestrum formed after an amputation has been followed, a large amount of bony matter has been thrown out. Taking, then, these two facts together: 1st. That periosteum produces bone; 2d. That irritation of periosteum by even a probe causes it to throw out a large amount of bony matter; does it not seem that measures unnecessarily severe have been adopted for the cure of false joint? Why not make a simple incision down to the lesion, and cutting through the periosteum, irritate it at the time of the first incision and every few days thereafter, by introducing a probe underneath it? If subcutaneous incisions of the periosteum, instead of through the bones, be made, I think much more will be accomplished.

August 22.—Mr. Spence showed a case of periostitis of the upper part of the humerus. On dilating the fistula leading to it, and introducing the finger, it was found that new bone was forming around the sequestrum. This sequestrum being removed, recovery will, no doubt, be rapid. What a pity that early incision through the soft parts down to the bone, and, if need be, trephining the bone, is not had recourse to early in these cases. A case of mine recently reported in this journal exemplifies this treatment. The stone case recently operated on by this distinguished surgeon, is nearly well.

August 31.—A few days ago a man was admitted into the Infirmary laboring under a retention of urine. He was relieved for the time, but one night by some turn or other the catheter was broken, the curved extremity remaining in the bladder. The next day Mr. Syme, after endeavoring ineffectually to seize the end of the fragment of the catheter by urethral forceps, cut in the mesial line upon a staff, but on introducing his finger could not, in any way, reach the bladder. A few days after an autopsy showed the existence of an immense tumor beneath the prostate filling up the pelvis to that degree that it was quite impossible to reach the bladder through the perineum. A very anomalous case. I saw Mr. Syme amputate the thigh of a young girl for fungus hematodes of the knee joint, and was much pleased by the simplicity and beauty, if such a term can be applied to such a subject, of the operation. The artery was compressed in the groin by the thumb, and anterior and posterior flaps formed by transfixion. The blood lost was certainly not more than three ounces. A male child, twenty-one months old, was brought to the Infirmary, upon whom lithotomy had been done several months previously by a surgeon in the country. Ever since the operation the urine had passed wholly by the wound, which had become fistulous, and on introducing bougies into the urethra it was found impervious. Mr. Syme introduced a director through the fistula into the bladder, cutting upon that until a staff, introduced through the urethra, could be brought into contact with the director in the fistulous passage, in this way endeavored to re-establish the urethra. It seemed to have been entirely obliterated, as was suspected, by improper bruising or cutting at the time of the lithotomy operation. Time will show us whether any operation is likely to be of any avail. I have seen and assisted in private practice, in the division of tendons for the cure of club feet several times, and have been particularly struck by the strong adhesions that repeated operations have caused to form between the tendon and surrounding parts. I apprehend that a cure should, if possible, be obtained by one division and the use of proper shoes afterwards, for the adhesions add very much to the difficulty of a cure.—*American Medical Times*.

Bellevue Hospital---Death following Inhalation of Chloroform.

[Reported by ALEXANDER RIVES, JR., M. D., Acting Senior Assistant.]

On the morning of August 1st, 1860, at or about 10.45 A. M., I was requested by Dr. Mason, acting house surgeon of the first surgical division, to administer chloroform to Michael Lanahan, preparatory to the operation of circumcision. Patient was forty years of age, and complained of nothing but a chancre under the prepuce. I accordingly proceeded to administer the chloroform on a napkin, pouring out small quantities at a time, and allowing a space of from one-half to one inch to intervene between the patient's mouth and the napkin, so that there might be a free admixture of atmospheric air with the anæsthetic agent. I observed, at first, nothing unusual in the behavior of the patient; his respiration was natural, his pulse was good, and he soon exhibited the usual symptoms of muscular action which precede anæsthesia. The whole amount of chloroform thus far employed could not





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